L0500047373

(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400309203144

03/02/13--01017--010 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR -2 PM 12: 36

B FIGUEROA MAR 0 5 2018

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUBJ				
	(Name of Limi	ted Liability Cor	mpany)	
The er	nclosed member, resignation or dissocia	ition and fee(s	s) are submitted for filing.	
Please	return all correspondence concerning t	his matter to:		
Jesus	s Mike Blanco			
	(Contact Person)		_	
Capital Investments & Associates, LLC				
	(Firm/Company)		-	
1232	SW 147 Ave		_	
	(Address)			
Pemb	proke Pines, Fl 33027			
	(City/State and Zip Code)			
For further information concerning this matter, please call:				
Jesus	Miker Blanco	954 at (774-4831	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \text{\$\S25 Filing Fee} \text{\$\S25 Filing Fee & Certified Copy}\$				
Regist Divisi Clifton	CET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
	eassee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

I. The name of the limited liability company as it appears on the records of the Florida Department of State is: Capital Investments & Asociates, LLC
2. The Florida document/registration number assigned to this limited liability company is: L05000047373
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/19/2018
Ana C Cabrera , hereby withdraw/resign as a (Print Name of Person Resigning)
ANA CAPBRERA. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Ana Cale
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: