L06000039647

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUN 19 PH 3: 50

T. HAMPTON

JUN 2 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VENETIAN CA	RIMU d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
FADJA BASST (Contact Person)	
VENETIAN CAPITAL (Firm/Company)	
216 SW 29TH 2D	
MJAMJ 62 33129 (City/State and Zip Code)	
For further information concerning this matter,	, please call:
TADIA BASSI (Name of Contact Person)	at (305) 851-2027 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



RECEIVED

09 JUN 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 15, 2009

FADIA BASSI 216 SW 29TH RD MIAMI, FL 33129

SUBJECT: VENETIAN CAPITAL LLC

Ref. Number: L06000039647

We have received your document for VENETIAN CAPITAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 809A00020182

Division of Companytions D.O. DOV 6297 Tellahossos Florida 22214



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as	it appears on the records of		artment CAPITAL LLC
2. This limited liabil	lity company was organized	d under the laws of:		
3. The Florida docu	ment/registration number o	f this limited liability come	pany is:	
1-06000		000039647	,	
FAL	DIA BASSI	`		
4.1, FADIA	0	, hereby resign as a _	MGMP	MGMR
(Print Na	me of Person Resigning)		(Print Title)	
	ility company and affirm th	ne limited liability company	y has been notified	lofmy
resignation in writ	ing.	1		
	Apara 4			
Signature of Resig	gning Member, Managing N	Member or Manager		
				-
				8
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			9 PA
				OF COMPLETE
				3 200
				₩ REA

CR2E079 (5/06)