

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ		
	. (Name of Li	mited Liability Company)
The enfiling.		or manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning	g this matter to:
Jeff	rey A Morgan	
	(Contact Person)	
Cap	tain Morgan Enterprises LL	<u>c</u>
	(Firm/Company)	
3900	0 Captain Morgan Lane	
	(Address)	
Mala	abar, FL 32950	
	(City/State and Zip Code)	
For fu	orther information concerning this ma	tter, please call:
Jeffr	ey A Morgan	at (321) 795-7626
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
	CET/COURIER ADDRESS: tration Section	MAILING ADDRESS:
_	on of Corporations	Registration Section Division of Corporations
Clifto	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it of State is: Captain Morgan Enterprise	
2. This limited liability company was organized un Florida	nder the laws of:
3. The Florida document/registration number of th L06000088897	is limited liability company is:
4. I, Danielle M. Morgan	, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing Signature of Resigning Member, Managing Member,	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	THUIN 12/31/09 SHAFE STAFF
	12/31/09 5 RECORPORATION