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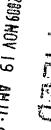
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PACKETARY OF STATE TALLAHASSEE FLORIDA



وموشأ للإيران

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAPOTE DISTIBUTORS LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) a filing.	are submitted for
Please return all correspondence concerning this matter to:	
MALIA E. RICARD (Contact Person)	280 1747
CAPOTE DISTILBUTORS LLC (Firm/Company)	VALUE IN BY
4743 NW 22 AVC (Address)	ZEON NOV 19 AM II: 0. SECRETARY OF STATE ALLAHASSEE FLORIOA
Miausi, FL 33166 (City/State and Zip Code)	Sea 3
For further information concerning this matter, please call:	
MALIA RICALD at (305) 715-019 (Name of Contact Person) (Area Code & Daytime Telepho	one Number)
Enclosed please find a check made payable to the Florida Department of Stat \$25 Filing Fee Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADD Registration Sect Division of Corporations Tallahassee, Florida Tallahassee, Florida 32301	ion orations

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a		رتوبه بمتسقد	partment
Flori	ry company was organized un	•	IASSEE FLORID	V 19 AM II: 0
3. The Florida docum	ent/registration number of thi	s limited liability com	npany is:	
1070000	06144			
	DE PABLOS ne of Person Resigning) ity company and affirm the ling.			
Lesson	de pfablos			
Signature of Resign	ing Member, Managing Mem	iber or Manager		
Filing Fee: Certified Copy:				