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SECRETARY OF STATE VISION OF CORPORATIONS

T. Hampton Cor 4 ...

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CAPUA PIZZA AND SUBS, (Name of Limited Lia	
·	
The enclosed member, managing member or managiling.	ger resignation and lee(s) are sublitated for
Please return all correspondence concerning this m	atter to:
JAMES CAPUA	
(Contact Person)	· .
CAPUA PIZZA AND SUBS, LLC	
(Firm/Company)	<del></del>
9614 PINES BLVD	
(Address)	<del></del>
PEMBROKE PINES, FL 33027	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, ple	ase call:
JAMES CAPUA at (	941 266-0759
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	PUA PIZZA AND SU		of the Florida De	partme	:nt _·
	ility company was organized DEPT. OF STATE DI				
3. The Florida docu L07000058	ment/registration number o	f this limited liability con	ıpany is:		
4. I, Chri	stina Cap	عم, hereby resign as a	MANAGING (Print Title)	MEN	1BER
of this limited lial resignation in wri	oility company and affirm th ting.	ne limited liability compar	ny has been notific	ed of m	ıy
	slina Capus gning Member, Managing N				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			07 OCT	SECRET DIVISION