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



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G. MCLEOD

JAN 3 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Capital Management	International, LLC imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Saeb Jannoun	
(Contact Person)	,
Capital Management Internation	nal, LLC
(Firm/Company)	
307 S. Boulevard, Suite B	
(Address)	·
Tampa, Florida 33606	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Saeb Jannoun	at (at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to 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 Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

The name of the limited liability company as it appears on the records of the Florida Department of State is: Capital Management International, LLC This limited liability company was organized under the laws of: Florida		
4. I, Saeb Jannoun (Print Name of Person Resigning)	, hereby resign as a Managing Member	
	e limited liability company has been notified of my	
Signature of Resigning Member, Managing N	1ember or Manager	

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)

CR2E079 (5/06)