L08000007988

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200158668152

07/30/09--01007--026 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAPELLY TWO, LLC (Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
MICHAEL C. HUDDLESTON, ESQ. (Contact Person)	
Huddleston & Teal, P.A. (Firm/Company)	
817 West New York Avenue (Address)	
DeLand, FL 32720 (City/State and Zip Code)	<u></u>
For further information concerning this matter, p	please call:
Michael C. Huddleston, Esq. at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the x \$25 Filing Fee	ne 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

1. The name of the l	imited liability company as	it appears on the records	of the Florida De	partment
of State is:	Capelly Two, LLC			
2. This limited liabil	lity company was organized	under the laws of:		
Florida				
3. The Florida docu	ment/registration number of	this limited liability com	pany is:	
L0800000 7	988	·		
4. l, Luigi Cer		, hereby resign as a		<u> </u>
	me of Person Resigning)		(Print Title)	
of this limited liab resignation in writ	ility company and affirm th ing.	e limited liability compar	ny has been notific	ed of my
_	. /			
	1//			
Signature of Resig	ning Member, Managing N	1ember or Manager		
Filing Fee:	\$25.00 (Required)			ر الا م

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS