L08000027845

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





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SECRETARY OF SINTE DIVISION OF CORPORATIONS

T. HAMPTON HEB 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
Division of Corporations	
SUBJECT: Advanced Capital LLC	
(Name of Lir	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Matthew Kenna	
(Contact Person)	
Advanced Capital LLC	
(Firm/Company)	
5249 Ehrlich Rd	
(Address)	
Tampa, FL 33624	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Matthew Kenna	_{at (} 813 ₎ 465-0059
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	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 a of State is: ADVANCED CAPITAL	•
2. This limited liability company was organized une Florida	der the laws of:
3. The Florida document/registration number of thi L08000029845	 ·
_{4. I,} Matthew Benedetto	_, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lire resignation in writing.	nited liability company has been notified of my
my	
Signature of Resigning Member, Managing Mem	ber or Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)