108000107629

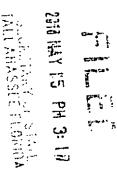
(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
· PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800313307828

05/15/18--01033--001 **50.00



J. HARRIS

COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	ESJ CAPITAL PARTNEI	RS, LLC				
		(Name of Limited Liability Company)				
The enclose	d member, resignation or dis	sociation and fee(s)	are submitted for filing.			
Please return	n all correspondence concern	ing this matter to:				
Arnaud Sit	bon					
	(Contact Person)					
	(Firm/Company)					
19950 W. (Country Club Drive, Suite	800				
,	(Address)		•			
Aventura, f	FL 33180					
	(City/State and Zip Code)		•			
For further i	nformation concerning this r	matter, please call:				
305		600 at (5001			
(1)	Name of Contact Person)		& Daytime Telephone Number)			
Enclosed plo	ease find a check made payal g Fee		epartment of State for: Fee & Certified Copy			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration Division of	Section Corporations		Registration Section Division of Corporations			
Clifton Buil	•		P.O. Box 6327			
	tive Center Circle		Tallahassee. Florida 32314			
Tallahassee.	Florida 32301					

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of the	Florida Department	
of State is:	CAPITAL PARTNERS, LL		·	
2. The Florida docu	iment/registration number as	ssigned to this limited liability co	ompany is:	
L08000107629		•	•	
	 			
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is	3/15/18 :	
4. I. Gabriel Amiel (Print Name of Person Resigning)				
(Print N	ame of Person Resigning)			
Manager				
	(Print Title)			
of this limited lia resignation in wr	• •	e limited liability company has	been notified of my	
1				
Sig natur<u>t</u> of Di	ssociating Member or Resig	ning Manager	ALLAHASSI	
Filing Fee:	\$25.00 (Required)			
_	\$30.00 (Optional)		S	
			9 (4) (7)	