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T. HAMPTON

AUG 1 2 2010

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Excelsion Capit (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Winnie Pritchett (Contact Person)	_
Excelsion Capital (Firm/Company)	_
240 Crandon Blvd Ste 230 (Address)	
Miami, FC 33149 (City/State and Zip Code)	
For further information concerning this matter, please call	:
Winnie Pritchett at (305 (Name of Contact Person) (Area Code	5 17-5727 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	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  Excelsion Ca	appears on the records of	of the Florida Depar	tment 
2. This limited liabi	lity company was organized un	nder the laws of:		
1-090	ment/registration number of th		·	
4.1, Dan (Print No.	Willer - Smith ume of Person Resigning)	, hereby resign as a	Manager (Print Pille)	<del></del>
of this limited liab	ility company and affirm the l	imited liability company	y has been notified o	of my
	the-Smith			1
Filing Fee:	gning Member, Managing Mer \$25.00 (Required) \$30.00 (Optional)	nber or Manager	10 AUG I I MIT	SECRETARY OF
	;		5	5 RS