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| ः ि Certified Cop | ies | _ Certifica | ates of S | Status | |
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| Special Inst | ructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

J. BRYAN

OCT -2 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Capital Marketing Systems (Name of Limited Li | |
| The enclosed member, managing member or mana filing. | ager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this n | natter to: |
| Anthony Burbano | |
| (Contact Person) | |
| Capital Marketing Systems | OBOCT -1 AM II: 10 SECRETARY OF STATE FALL AMASSEE, FLORIU |
| (Firm/Company) | TARR - |
| 1362 46TH AVE NE | SERVE E |
| (Address) | STA |
| St. Petersburg Florida 33703 | ARE O |
| (City/State and Zip Code) | · · · · · · · · · · · · · · · · · · · |
| For further information concerning this matter, ple | ease call: |
| Anthony Burbano at (| 727) 967-5324 |
| (Name of Contact Person) (A | Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | 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

| | limited liability company a | s it appears on the records of | f the Florida Department |
|---|-----------------------------|---------------------------------|--------------------------|
| 2. This limited liab Florida | ility company was organize | ed under the laws of: | 09 OCT -1 A SECRETARY |
| 3. The Florida docu <u>L09000043</u> | _ | of this limited liability compa | any is: |
| 4. I, Anthony B | urbano/ | , hereby resign as a N | 1GRM |
| (Print M | ame of Person Resigning) | | (Print Title) |
| of this limited list resignation in wr | 1/ | he limited liability company | has been notified of my |
| Signature of Resi | gning Member, Managing | Member or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |