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(R	lequestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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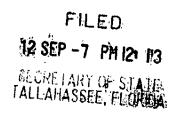
COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Capital Software Grou	p. LLC
	nited Liability Company)
The enclosed member, managing member ofiling.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Blaine Ferguson	
(Contact Person)	
Capital Wealth Advisors	
(Firm/Company)	
787 5th Avenue South	
(Address)	
Naples, FL 34102	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Blaine Ferguson	at (239) 434-7434
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	. Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as pital Software Group,	it appears on the records of the Florida Department LLC
2. This limited liab	ility company was organized	under the laws of:
3. The Florida doci		this limited liability company is:
4. I, Blaine Ferguson (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)
•	oility company and affirm the	e limited liability company has been notified of my
Signature of Res	gning Member, Managing M	lember or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)	