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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: CAPTURE THE (Name of Limited	CAPE d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
GRAHAM BARNES (Contact Person)	
(Contact Person)	
CAPTURE THE CAPE (Firm/Company)	Fig. 1
3261 SW 23 RO COURT (Address)	
FORT LAUDERDALE, FLORIDA (City/State and Zip Code)	33317
For further information concerning this matter,	please call:
(Name of Contact Person)	t (954) 383 - 3584 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he 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 as it		of the Florida Department
of State is:	APTURE THE CA	<i>PE</i>	
	lity company was organized u		MOV 13 PH 3: 33
3 The Florida docu	ment/registration number of the	his limited lighility com	.d⊷
•	79835		puily is.
4. I, CAROL	BARNES - MOON	, hereby resign as a _	MANAGER (Print Title)
•	ame of Person Resigning) oility company and affirm the ting.	limited liability compan	`,
			•
osl.)	
Signature of Resi	gning Member, Managing Me	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		