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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: C.A.P. Import / EXPORT TRADING WE (Name of Limited Mability Company) |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: Please Please Polyna (Contact Person) |
| C. A.P. Import/ EXPORT TRAONS CLC |
| 9737 NW 445 Str. #730 (Address) |
| (Address) Oral FZ 3317-y (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Oreg Schreiber at (746) 223-3324 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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

| of State is: | ed liability company as it app | pears on the records of | of the Florida De | partm | ent · |
|---------------------------------------|------------------------------------|-------------------------|-------------------|----------|-----------------|
| 2. This limited liability of State or | ompany was organized unde | er the laws of: | matrix ** | = | OIVIS |
| 3. The Florida document | /registration number of this | limited liability comp | any is: | JAN -L P | CRETARY G |
| , | Person Resigning) | hereby resign as a | (11th Thic) | TD. | |
| resignation in writing. | Member, Managing Member | ····· | has been notifie | ed of 1 | ny [*] |
| <u> </u> | 5.00 (Required) 0.00 (Optional) | | | | |
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CR2E079 (5/06)