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(D <sub>e</sub>	equestor's Name)	
(176	squestors rearries	
(A)	dd	
(AC	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	<del></del>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
		<del></del>
Special Instructions to	Filing Officer:	
L		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Bruno Capital (Name of Limited Liability)	ty Company)	
The enclosed member, managing member or manager filing.	resignation and fce(s) are submi	itted for
Please return all correspondence concerning this matter	er to:	
Richard Bruno (Contact Person)		
Bruno Capital, LLC (Firm/Company)		
1318 East Muriel St.	· <del></del>	35,000,000,000 3,000,000,000 91,000,000
Orlando, FL 32806 (City/State and Zip Code)		5
For further information concerning this matter, please	call:	## III
Richard Bruno at (81 (Name of Contact Person) (Area	3 ) 777-1695 Code & Daytime Telephone Numb	ber)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for:  \$\square\$ \$\\$55\$ Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as  Suco Capital	* -	of the Florida Dep	oartment 	
	lity company was organized		76 ( 177 ) 76 ) 76 ) 76 )	91.030.6187	
	ment/registration number o	f this limited liability com	pany is:	AMIN: 15	
4. I, Print No.	Brwo ame of Person Resigning)	, hereby resign as a _	Managina (Printille)	Member	_
resignation in wri	pility company and affirm the ting.  Grant Member, Managing No.		y has been notific	d of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				