

L110000104931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

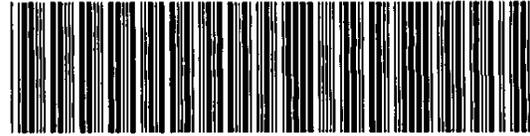
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 14 AM 9:20
Missouri STATE
TALLAHASSEE, FLORIDA

A.M.
7/30/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capo and Cie LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000104931

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hugo Capoccello
Name of Person

Capo and Cie LLC
Name of Firm/Company

203 1st street north east
Address

St Petersburg FL 33701
City/State and Zip Code

capoandcie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Capoccello at (727) 6887871
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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14 JUL 14 AM 9:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capoccello Hugo

, hereby resigns as

Name of Registered Agent

Capo and cie LLC

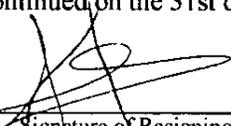
Registered Agent for

Name of Limited Liability Company

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Capoccello Hugo

Typed or Printed Name

Capacity

FILED
14 JUL 14 AM 9:20
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314