

L11000 104 931

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/14/14--01012--006 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 14 AM 11:28

FILED

C.M.  
7/30/14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capo and Cie LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anthony Capoccello

(Contact Person)

Capo and Cie LLC

(Firm/Company)

203 1st street north east

(Address)

St Petersburg FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Capoccello Anthony

727

6887871

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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14 JUL 14 AM 11:28  
TALLAHASSEE, FLORIDA  
STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
14 JUL 14 AM 11:28  
SECTION 1707 STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: Capo and Cie LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000104931

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/03/2014  
Capoccello Hugo

4. I, Capoccello Hugo, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)