

L11000112068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

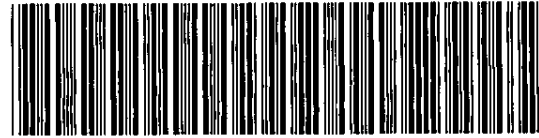
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266212396

11/12/14--01007--021 **85.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 12 AM 11:35

NOV 24 2014

T. CARTER

- RA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL CAPITAL & ASSET PROTECTION, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000112068

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:

LEONARDO BRITO

Name of Person

FLORIDA LAW TITLE AND TRUST PLC

Name of Firm/Company

775 CURTISWOOD DRIVE

Address

KEY BISCAYNE , FLORIDA 33149

City/State and Zip Code

LBRITO@BRITOLAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO BRITO

Name of Person

at (305) 322 4097

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 12 AM 11:35

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FLORIDA LAW TITLE & TRUST PLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **INTERNATIONAL CAPITAL & ASSET PROTECTION, LLC**


Name of Limited Liability Company

L11000112068

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:

FLORIDA LAW TITLE & TRSUT PLC

Typed or Printed Name

SOLE MANAGER MEMBER

Capacity

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