111000 119481

(Requestor's Na	ame)			
(Address)				
(Address)				
(City/State/Zip/F	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certifi	icates of Status			
Special Instructions to Filing Office	r:			

Office Use Only



300246650093

04/15/13---01010---011 **25.00

SHOWETARY OF STATE

N. Cutton APR 16 2013

COVER LETTER...

TO: Registration Section Division of Corporations				
SUBJECT: FFL CAPITAL LL C (Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
CANLOS GO~CALVES (Contact Person)				
EFL CAPITAL LLC (Firm/Company)				
9755 W MCNAG RJ#712 (Address)				
TAMANAC, SL 3332/ (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (954) 3268500 (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 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

CR2E079 (5/06)



FILED 2018 APR 15 PM 12: 41 SECTION OF STATE

SECTETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it	appears on the records	of the Florida Department
of State is:	FL CAPITA LL		
o. 5			
2. This limited liab	oility company was organized u	inder the laws of:	
FL	onida		
			
3. The Florida docu	ument/registration number of t	his limited liability com	pany is:
	100119481		
4. I, CARLOS	S GOMPLYES Name of Person Resigning)	, hereby resign as a	MARGET
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
hat fur	4		
Signature of Resi	igning Member, Managing Me	ember or Manager	
Pili P	#25.00 (D '- I)		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Common Copy.	ψυσιου (Optional)		