## 1 L11000119481

(Requestor's Name)				
9755 W MCNAB Rd				
(Address)				
H210				
(Address)				
Tamarac. F1. 33321				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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09/30/13--01030--028 \*\*25.00

SECRETARY OF STATE ALLAWASSEL, FLORIDA



## FILED 2013 SEP 30 PM 12: 56

SECRETARY 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 of State is:	FL CAPITAL	it appears on the records of	of the Florida Department
2. This limited liab	oility company was organized	under the laws of:	
	ument/registration number of	this limited liability comp	pany is:
	NADIL DO		•
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	has been notified of my
Signature of Res	i <del>gnin</del> g Member, Managing M	ember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		