# L11000135327

(Requestor's Name)
(Address)
(Address)
<b>,</b>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Warne)
(Document Number)
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

<sub>SUBJECT:</sub> ACM Capital Fund I, LLC

(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:

#### James Martin

(Contact Person)

## ACM Capital Partners, LLC

(Firm/Company)

## 200 S. Biscayne Blvd 6th Fl

(Address)

#### Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

James Martin

,<sub>/</sub>305 \ 978-0720

(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

CR2E079 (5/06)



# 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:ACM CAPITAL FUND I, LLC.
2. This limited liability company was organized under the laws of:  FLORIDA
3. The Florida document/registration number of this limited liability company is:  [L11000135327]
4. I,
(Print Name of Person Resigning)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
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Signature of Resigning Member, Managing Member or Manager

MAR 19 PH 12:

CR2E079 (5/06)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)