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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL SPA ASSOCIATES, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN M HOWELL

(Name of Person)

CAPITAL SPA ASSOCIATES, LLC

(Firm/Company)

215 COCKEYSVILLE ROAD

(Address)

COCKEYSVILLE, MD 21030

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN M HOWELL

(Name of Person)

at (443) 463-0797

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

