

L120VV088189

(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



500244491625

02/14/13--01013--016 **25.00

FEB 15 2013

B. KOHR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 14 PM 4:21

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPS N CORKS 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:

SRIKANTH PADALA
(Contact Person)

CAPS N CORKS LLC.
(Firm/Company)

10275 FALLING LEAF DR. NW
(Address)

CONCORD NC 28027
(City/State and Zip Code)

For further information concerning this matter, please call:

SRIKANTH PADALA at (678) 230 1363
(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

FILED
13 FEB 14 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
13 FEB 14 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: CAPS N CORKS, 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:

L12 000088189

4. I, SRIKANTH PADALA, hereby resign as a MEMBER, MANAGING MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: ☒ \$25.00 (Required)
Certified Copy: \$30.00 (Optional)