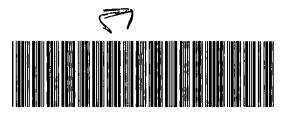
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(Reque	(Requestor's Name)				
(Address)					
(Address)					
(National)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(555		,			
(Docur	nent Number)				
		-			
Certified Copies Certificates of Status					
Special Instructions to Fili	na Officar				
Special Instructions to Filing Officer:					





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04/28/14--01006--019 **25.00

PERSONAL PH 1: 97

RC5/M214

COVER LETTER

SUBJECT: DOUBLE DIGIT CAPITAL LLC (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Please return all correspondence concerning this matter to:
JAMES E. BLANDINO (Contact Person)
DOUBLE DIGIT CAPITAL LLC (Firm/Company)
8302 SANTA CLARA BLVD.
FORT PIERCE FL 3495/ (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES E. BLANDINO at (172) 538-9601 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability com	pany as it appears	on the records of the Fl	orida Department
of State is:)OUB LE	DIGIT	CAPITAL	LLC
2. The Florida doci	ument/registration nu	imber assigned to t	his limited liability con	npany is:
<u> </u>	0000 169	75		
3. The date this me	mber/manager withd	rew/resigned or wi	ill withdraw/resign is: _	4/25/14
4.1. GAIL	M. BEL Jame of Person Resigning	, here	by withdraw/resign as a	, 1
MAN	AGER/OWA (Print Title)	VER		
of this limited lia resignation in wr	, , ,	ffirm the limited li	ability company has be	en notified of my
H	ril M. Be	el		
Signature of Di	ssociating Member of	or Resigning Mana	ger	
Filing Fee:	•			
Certified Copy:	\$30.00 (Optional)		