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SECRETARY OF STATE
TALL 45 A SEFE EFFORMS

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations

(Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Yayier Cap doulole (Contact Person)	SUBJECT: CAP Properties (Name of Limited Liability Company)				
Please return all correspondence concerning this matter to: Xayier Cap douidle Contact Person	(Name of Limited Liability Company)				
Xavier Cap doviole (Contact Person) Florida Amsouth Holdings Corp (Firm/Company) 12000 Biscayno Blvd Ste 704 (Address) MIAMI FI 33181 (City/State and Zip Code) For further information concerning this matter, please call: XMIN CAP DOVICLE at (305, 777-1888) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Florida Amsouth Holdings Corp (Firm/Company) 12000 Biscayne Blvd Ste 70 4 (Address) MIAMI FI 33181 (City/State and Zip Code) For further information concerning this matter, please call: XWION CAP DEVICUE at (305) 777-1888 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	Please return all correspondence concerning this matter to:				
(Address) MAM, FI 33 8 (City/State and Zip Code) For further information concerning this matter, please call: XWW CAP DOVICUG at (305) 777 - 1888 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	Xavier CAP doviole				
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(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	MIAMI, FI 33181 (City/State and Zip Code)				
Enclosed please find a check made payable to the Florida Department of State for:	For further information concerning this matter, please call:				
	(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)				

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

August 3, 2016

XAVIER CAPDEVIELLE 12000 BISCAYNE BLVD STE 704 MIAMI, FL 33181

SUBJECT: CAP PROPERTIES LLC Ref. Number: L14000020520

We have received your document for CAP PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

You can only remove one person. Which are you removing Florida Amsouth Holdings Corp or Xavier Capdevielle?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00016327



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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 company as	s it appears on the recor	rds of the Florida Department
_	ap Properties		·
	ument/registration number a	ssigned to this limited l	liability company is:
3. The date this me Florida 4. I,	mber/manager withdrew/res	signed or will withdraw. GOP hereby withdraw.	/resign is: <u>6-8-16</u> v/resign as a
Pazsige	(Print Title)		
of this limited lia resignation in wr		ne limited liability comp	pany has been notified of my
	attil a		
Signature of Di	asociating Member or Resig	ming Manager	16 TALL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		THE IT AH IO
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