

L14000020520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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000289354920

09/22/16--01003--001 **60.00

08/31/16--01023--025 **25.00

FILED
16 SEP 21 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
SEP 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAP PROPERTIES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000020520

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

XAVIER CAPDEVIELLE

Name of Person

CAP PROPERTIES LLC

Name of Firm/Company

120000 BISCAYNE BLVD SUITE 704

Address

MIAMI.FLORIDA 33181

City/State and Zip Code

PILAR@CAPGROUPMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PILAR

at (305) 777 1888

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2016

XAVIER CAPDEVIELLE
12000 BISCAYNE BLVD SUITE 704
MIAMI, FL 33181

SUBJECT: CAP PROPERTIES LLC
Ref. Number: L14000020520

2016 SEP 19 PM 4:10
TALLAHASSEE, FLORIDA

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):

Fee for active business entity is \$85.00.

There is a balance due of \$60.00.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 216A00018820

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FLORIDA AMSOUTH HOLDINGS CORP

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **CAP PROPERTIES LLC**

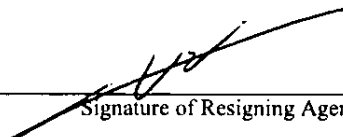
Name of Limited Liability Company

L14000020520

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

XAVIER CAPDEVIELLE

Typed or Printed Name

PRESIDENT

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314