

L14000037271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

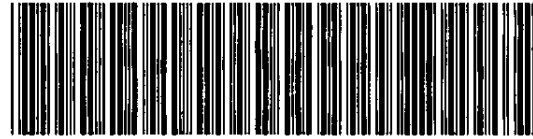
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/14/14--01019--022 \*\*85.00

DALE H. WHITE, JR.  
TALLAHASSEE, FLORIDA

14 MAY 14 PM 2:03

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LC  
R/ADRS.

MAY 27 2014

R. WHITE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Mortgage, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000037271

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:

Armando Romero

Name of Person

Capital Mortgage, LLC

Name of Firm/Company

10800 Biscayne Blvd, Suite 830

Address

Miami, FL 33161

City/State and Zip Code

armando@romerodeals.com

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

For further information concerning this matter, please call:

Armando Romero

Name of Person

at (305) 336-3224  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Orlando Gonzalez

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Capital Mortgage, LLC

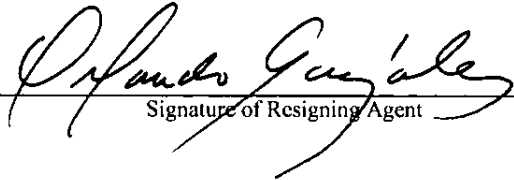
\_\_\_\_\_  
Name of Limited Liability Company

L14000037271

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
14 MAY 14 PM 2:03  
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**