

L15000060642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

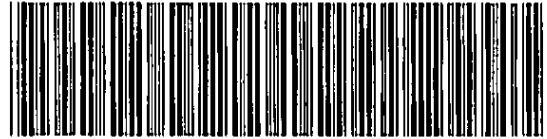
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100307536011

01/22/18--01026--007 \*\*75.00

FILED  
18 JAN 22 AM 9:16  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

S. WARREN

JAN 23 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Seven LLC  
\_\_\_\_\_  
(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:

Olivier Hannoun  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

11119 Blue Coral Dr  
\_\_\_\_\_  
(Address)

Boca Raton FL 33498  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Olivier Hannoun at ( 561 ) 9295501  
\_\_\_\_\_  
(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



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 it appears on the records of the Florida Department of State is: Capital Seven LLC

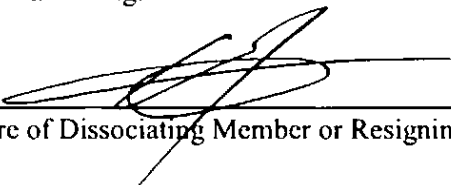
2. The Florida document/registration number assigned to this limited liability company is:  
L15000060642

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 15th 20

4. I, Olivier Hannoun / Hannoun Realty LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

FILED  
18 JAN 22 AM 9:16  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA