116000210093

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COVER LETTER

Division of Corporations			
SUBJECT: AAA CAPITAL PARTNE	RS LLC		
	f Limited Liability Con	npany)	
The enclosed member, resignation or dis	ssociation and fee(s	s) are submitted for filing.	
Please return all correspondence concern	ning this matter to:		
Said Lopez			
(Contact Person)		_	
AAA CAPITAL PARTNERS LLC			
(Firm:Company)		_	•••
12721 SW 17th Ct			-7:
(Address)		_	
Miramar, FL 33027			
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	-	
For further information concerning this r	matter, please call:		>) =
Said Lopez	305	781-8501	1: On
(Name of Contact Person)		& Daytime Telephone Number)	. ·
Enclosed please find a check made paya ■ \$25 Filing Fee		Department of State for: 4 Fee & Certified Copy	

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

CR2E079 (2/14)

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)

	limited liability company as it appears on the records of the Florida Department CAPITAL PARTNERS LLC
2. The Florida docu L16000210093	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 10/15/18
4. lAbelardo Bau	
Authorized Me	
	Print Tale)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting
Signature of Di	ssociating Member or Resigning Manager
Filing Fee Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)