Leslie Sellers 6004323622



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(((H23000431854 3)))



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To:				
	Division of Corporations Fax Number : (850)617-6383		2623	
	Pax Number . (656)017-0585		() 	•
From:	Account Name : CAPITOL SERVICES Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622	, INC.		:9 ⁻¹ ~
PH 3: 32 PH 3:	ne email address for this business al report mailings. Enter only one 1 Address:		d for future	د، ٦
	C AMND/RESTATE/CORRECT	OR M/MG RI	ESIGN	
CAPT	AIN CORPS ENTERTAINMEN	T PRODUCTI	ONS LLC	
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COVER LETTER

TO: Registration Section Division of Corporations

CAPTAIN CORPS ENTERTAINMENT PRODUCTIONS LLC SUBJECT:

(Name of Limited Lisbility	y Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph M. Landolfi, Jr., LL.M.

(Contact Person)

Shapiro, Blasi, Wasserman & Hermann, P.A.

(Firm/Company)

7777 Glades Road, Suite 400

(Address)

Boca Raton, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M. Landolfi, Jr., LL.M. 561 477-7800 at (______) (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S25 Filing Fee & Certified Copy

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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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 it appears on the records of the Florida Department

	CAPITAIN CORPS ENTERIMINALITY INODOCTIONS EDG			
of State is:				

- 2. The Florida document/registration number assigned to this limited liability company is: L22000529244
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______

4. I.	IN	, hereby withdraw/resign as a	202
	of Person Resigning)		2.1
MANAGER			·
(Prin	Title)		C
of this limited liebility	company and affirm t	he limited liability company has been	notified of my
resignation in writing			• •
	LM .		CO CO CO
	X +		34
Signature of Disso	pating Member or Resi	gning Manager	
	•		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		