

L99000006858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

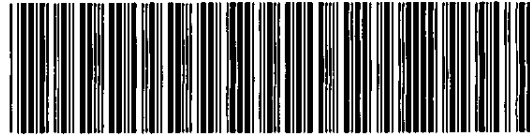
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**B. KOHR**

MAY 19 2011

**EXAMINER**



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05/18/11--01032--008 \*\*100.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 MAY 18 PM 4:08  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 18 AM 9:02

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

FILED STATE  
SECRETARY OF CORPORATIONS  
MAY 18 AM 9:02  
DIVISION OF CORPORATIONS

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CAPITAL Connection, INC., hereby resigns as  
Name of Registered Agent

Registered Agent for NAPOLI ASSOCIATES LLC  
Name of Limited Liability Company

L99000006858  
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.

Barbara Neeley  
Signature of Resigning Agent

If signing on behalf of an entity:

BARBARA NEELEY  
Typed or Printed Name  
PRESIDENT  
Capacity

**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withdrawn limited liability company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