M0400000913

(Requestor's N	tame)
(Address)	
(Address)	
(City/State/Zip	(Phone #)
PICK-UP W	
(Business Ent	ity Name)
(Document No	imber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	er:
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COVER LETTER

CAPITAL INVESTMENT SOLUTIONS LLC	
SUBJECT: CAPITAL INVESTMENT SOLUTIONS LLC (Name of Corporation)	
DOCUMENT NUMBER: M0400000963	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LUCY REAMS	
(Name of Person)	•
G.R. ROBBINS & ASSOCIATES	
(Name of Firm/Company)	
3375-C CAPITAL CIRCLE N.E.	
(Address)	
TALLAHASSEE FL 32308 US	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TOM WEISKOTTEN at (850) 297-0700 (Name of Person) (Area Code & Daytime Telephone Number)	

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LUCY REAMS
(Name of Registered Agent)
hereby resigns as Registered Agent for CAPITAL INVESTMENT SOLUTIONS LLC
(Name of Corporation)
M0400000963
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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:
LUCY REAMS (Typed or Printed Name)
AGENST (Capacity)
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation