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COVER LETTER

Amendment Section TO: Division of Corporations

SUBJECT: CAPITAL PARTNERS HIGH YIELD MEZZANINE FUND I, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M04000004831

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda Peirce

Name of Person

Capitol Services Registered Agent Department

Name of Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City/State and Zip Code

rpeirce@capitolservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

Return acknowledgment to:

Capitol Services, Inc. PO. Box 1831 Austin, TX 78 800/345-4647



Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

12/11/2013 FLORIDA

STATE: REP UNIT:

CAPITAL PARTNERS HIGH YIELD

MEZZANINE FUND I, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 24651 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.



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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the und	dersigned,
Capitol Corporate Services, Inc. , hereby re-	signs as
Name of Registered Agent	
Registered Agent for	
CAPITAL PARTNERS HIGH YIELD MEZZANINE F	UND I, LLC,
Name of Limited Liability Company	
M0400004831	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at	t its last known address.
The agency is terminated and the office discontinued on the 31st day after the date or	n which this statement-is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
Jason Fischer	次之 5 5
Typed or Printed Name Assistant Secretary	
Capacity	

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