

M05000002231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

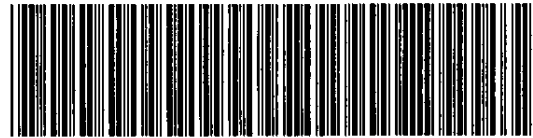
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R.A. Resign.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch CEO 9 2 2013

T. Burch SEP 26 2013

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Capri Development FLA 11102, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M05000002231

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:

Jerry Cairo

Name of Person

Capri Development

Name of Firm/Company

208 S. LaSalle Street, Suite 1600

Address

Chicago, IL 60604

City/State and Zip Code

jerrycairo@capridevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Cairo

Name of Person

at ( 312 ) 432-1000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Richard W. Radke, hereby resigns as  
Name of Registered Agent

Registered Agent for - Capri Development FLA 11102, LLC

Name of Limited Liability Company

M05000002231

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA