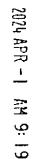
# 11000000CC 8

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Limils
	Office Use Only



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### **COVER LETTER**

SUBJECT: CAPITAL SPEND MANA		
	ne of Limited Liability	Company
DOCUMENT NUMBER: M1000000	0018	
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concer	ning this matter to th	e following:
MARGARET MUSZELIK		
Name of Person		
TRAC - THE REGISTERED AGEN	T COMPANY	
Name of Firm/Compar	iy	
401 E. PRATT STREET, SUITE 24:	24	
Address		
BALTIMORE, MD 21208		
City/State and Zip Code		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this	matter, please call:	
MARGARET MUSZELIK	800 at (	564-5300
Name of Person	Area Code	Daytime Telephone Number

### MAILING ADDRESS:

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

#### STREET ADDRESS:

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

: 1

TO:

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statute	s, the undersigned.		
TRAC - THE REGISTERED AGENT COMPANY  Name of Registered Agent . hereby		hereby resigns	, hereby resigns as	
		- The Copy Tool Self-		
Registered Agent for	CAPITAL SPEND MANAGEMEN	IT, LLC		
	Name of Limited Liability Compa	any		
M10000000018				
Document	Number, if known			
A copy of this resigna	ition was mailed to the above listed limite	ed liability company at its la	ast known address.	
The agency is termina	ated and the office discontinued on the 31	st day after the date on whi	ich this statement is f	filed.
If signing on behalf o	f an entity:		AP	77
MARGARET MUSZELIK			1	1
	Typed or Printed Nam	e e	: 3	
	Capacity		9: 19 57:41 <sub>6</sub>	
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative	liability company ely dissolved/ voluntarily d	lissolved/	

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

withdrawn limited liability company