

1713000004649

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

MAR 14 2013  
T. HAMPTON

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**DATE: 3/13/14**

**NAME: CAP VII - FLORIDA, LLC**

**TYPE OF FILING: WITHDRAWAL**

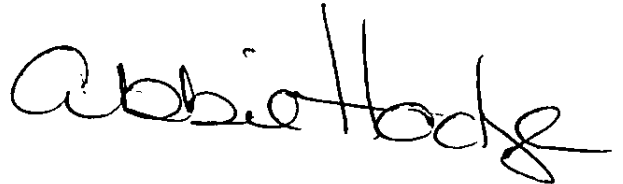
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to read "Abbie Hodge", is written over the printed name "ABBIE/PAUL HODGE". The signature is fluid and cursive.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAP VII - FLORIDA, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karina Pulskamp

(Name of Person)

Registered Agent Solutions, Inc.

(Firm/Company)

1701 Directors Blvd. Ste 300

(Address)

Austin TX 78744

(City/State and Zip Code)

For further information concerning this matter, please call:

Karina Pulskamp

(Name of Person)

at ( 888 ) 705-7274

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CAP VII - FLORIDA, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

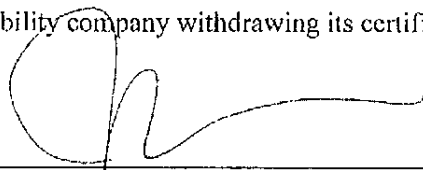
07/24/2013

(Date registered with Florida Department of State)

M13000004649

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Jenny Weber

(Typed or printed name of signee)

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA