

M18 000000 4144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

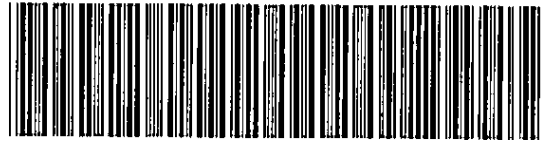
(Business Entity Name)

(Document Number)

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R. WHITE
JUN 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL GAIN US 5 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M18000004144

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:

ALINE DARMOUNI
Name of Person

EXCO US ATRIUM
Name of Firm/Company

44 W FLAGLER STREET SUITE 2300
Address

MIAMI FL 33130
City/State and Zip Code

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

For further information concerning this matter, please call:

ALINE DARMOUNI at (305) 6004405
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

EXCO US ATRIUM

, hereby resigns as

Name of Registered Agent

Registered Agent for CAPITAL GAIN US 5 LLC


Name of Limited Liability Company

M18000004144

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:

ALINE DARMOUNI

Typed or Printed Name

CEO

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withdrawn limited liability company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

2018 06 14 10:00