m9700000364

· · · · · · · · · · · · · · · · · · ·	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
- 200.00 SEP 1 0 2023	

Office Use Only



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COVER LETTER

SUBJECT: Capital LLC Name of Limited	Liability Company
DOCUMENT NUMBER: M97000000364	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	tter to the following:
RESIGNATIONS DEPARTMENT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
251 LITTLE FALLS DRIVE	
Address	
WILMINGTON, DE 19808	
City/State and Zip Code	
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, pleas	e call:
RESIGNATION DEPT 800 at ()
Name of Person Are	a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 605.011	5, Florida Statutes, the unders	igned,		
CORPORATION SERVICE COMPANY . her		hereby resigns as		
Name of Registered Ago				
Registered Agent for Capital LLC				
Name of Lir	nited Liability Company	_	.	
M97000000364				
Document Number, if known				
A copy of this resignation was mailed to the	above listed limited liability co	ompany at its last known ad-	dress.	
The agency is terminated and the office disco	ontinued on the 31st day after the Bullion of Assistant Vice President Signature of Resigning Agent	he date on which this staten	nent is filed.	
If signing on behalf of an entity:				
BY EYLIENA BAK	ER			
3	Typed or Printed Name		<u>~</u>	
VICE PRESIDENT			53	
FILING	Capacity FEES:		2023 SEP IL AMI	110 00
\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolved withdrawn limited liability	ipany / voluntarily dissolved/ / company	AH 10: 02	Tinf.

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