

P03000094705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

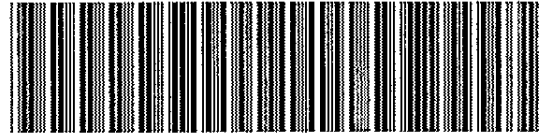
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CAPRI PARTNERS INC  
(Name of Corporation)

DOCUMENT NUMBER: PO3000094705

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAYMOND F. RODRIGUES  
(Name of Person)

CAPRI PARTNERS INC  
(Name of Firm/Company)

10761 SW 172ND STREET  
(Address)

MIAMI, FL 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND F. RODRIGUES (818) 915-9956  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

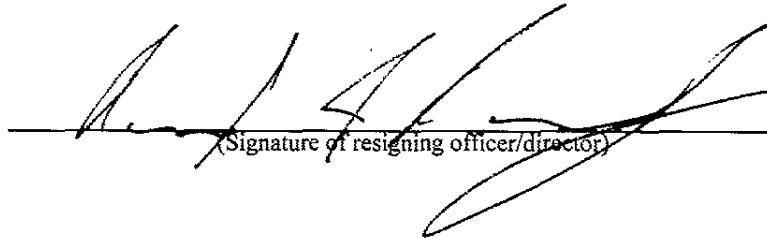
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RAYMOND F. RODRIGUES, hereby resign as DIRECTOR  
(Title)

of CAPRI PARTNERS, INC.  
(Name of Corporation)

PO3000094705, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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