L11000100578

(Requestor's Name)			
} *			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only State Ziph Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			

Office Use Only

NOV 22 2011

EXAMINER



800214346368

11/21/11--01051--002 **110.00

2011 NOV 21 PH 4: TE

COVER LETTER

LLC
nited Liability Company)
or manager resignation and fee(s) are submitted for
g this matter to:
LLAH)
AR 38
EE FLORI
95 *
ter, please call:
at (954) 5722786
(Area Code & Daytime Telephone Number)
to the Florida Department of State for:
✓ \$55 Filing Fee &
Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it INVESTMENTS, LLC		f the Florida Departs	ment
	ty company was organized u		NOV 21 PH 4: TS	F
3. The Florida docum L110001005	ent/registration number of the 178	nis limited liability comp		
4. I, MARIOARA		, hereby resign as a	/IGRM	
	ne of Person Resigning) ity company and affirm the l ng.	limited liability company	(Print Title) has been notified of	fmy
Signature of Resign	ing Member, Managing Men	mber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			