## L14000090873

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
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C. LEWIS

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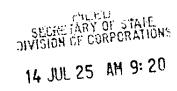
EXAMPER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Precious Investments III C	
SUBJECT: (Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Edgar Benes, Esq	
(Contact Person)	•
Edgar A. Benes, P.A	
(Firm/Company)	•
2300 NW Corporate Blvd., Suite 222	
(Address)	-
Boca Raton, FL 33431	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Edgar Benes 561	999-1993
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  \$25 Filing Fee  \$55 Filing	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department ious Investments, LLC
2. The Florida docu L14000090873	nment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 07/23/2014
4. I	
Manager	
	(Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my string.
Month	llen
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Optional)