# 4000146991

(Re	questor's Name)			
(Address)				
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#### COVER LETTER

	ration Section on of Corporations	,	•		
SUBJECT: MIAMI INVESTMENT AMERICA LLC (Name of Limited Liability Company)					
Please return	all correspondence concerning	this matter to:			
CAROLYN H	KAHL				
	(Contact Person)		•		
ROCA GON	ZALEZ PA				
<u> </u>	(Firm/Company)		•		
3370 MARY	STREET				
· · · · · · · · · · · · · · · · · · ·	(Address)		•		
MIAMI, FLO	RIDA 33133				
	(City/State and Zip Code)		•		
For further in	formation concerning this matte	er, please call:			
CAROLYN H	(AHL	305 _ at (	859-6050		
(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed plea \$25 Filing	se find a check made payable to Fee		epartment of State for: Fee & Certified Copy		

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the	limited liability company as	s it appears on the records of the F	Florida Department
of State is: MIAI	MI INVESTMENT AMERI	CA LLC	·
2. The Florida docu	ıment/registration number a	ssigned to this limited liability co	mpany is:
L1400014699	1		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	03/09/2016 🚓
4. I. FABRIZIO PA	ASSATORE	, hereby withdraw/resign as	MAR 21
(Print N	ame of Person Resigning)	,	/ ·
MEMBER			PH
	(Print Title)		PH 3: 10
of this limited lial resignation in wr	• • •	he limited liability company has b	een notified of my
Signature of Di	sso <del>ciating</del> Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		