117000048196

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations	
YLM INVESTMENTS L SUBJECT:	.LC
(N	fame of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to:
Carlton Campbell, Esq.	
(Contact Person))
MSPG Law Group	
(Firm/Company))
770 Ponce de Leon Blvd, Suite 101	
(Address)	
Coral Gables, FL 33134	
(City/State and Zip (Code)
For further information concerning	g this matter, please call:
Carlton Campbell, Esq	305 444-1887 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made ☐ \$25 Filing Fee	payable to the Florida Department of State for: \$\equiv \text{\$\frac{1}{2}\$ \$55 Filing Fee & Certified Copy}\$
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

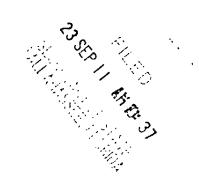
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it	appears on the records of the Florida Department
of State is: YLM	I INVESTMENTS, LLC	
2. The Florida doc L17000048196	ument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
Las A Manasai	11.	, hereby withdraw/resign as a
MGR		
resignation in wi	riting.	limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	