L09000115185

(Re	questor's Name)	<u> </u>		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 1601 INVESTMENTS	LLC.
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted
Please return all correspondence concerning	ng this matter to:
MARIO CAPUTO	
(Contact Person)	
1601 INVESTMENTS LLC	
(Firm/Company)	
5960 N.W. 99 AVE. #3	
(Address)	
DORAL, FL. 33178	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
MARIO CAPUTO	at (305) 513-3639
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl \$25 Filing Fee	le to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it at 1 INVESTMENTS LLC	appears on the records	of the Florida Department
2. This limited liabi FLORIDA	lity company was organized ur	nder the laws of:	
3. The Florida docu L09000115	ment/registration number of th	is limited liability con	npany is:
4. I, FRANCESC (Print No.	O MARCACCI-CAMMUSC	, hereby resign as a	MANAGING MEMBER (Print Title)
of this limited liab	oility company and affirm the liting.	mited liability compar	ny has been notified of my
Signature of Resignature	gning Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		