L03000030774

(Requestor's Name)				
(Address)				
(Address)				
(City/Stat	e/Zip/Phone #)			
	•	_		
PICK-UP	WAIT *	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing	Officer			
opeoid mondenone is iming	O			
		:		
	11/8			

Office Use Only



100265950081

11/03/14--01021--021 **25.00

THE PRINCE STATES

not Resignation



October 30, 2014

VIA U.S. MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Small Time Investors, LLC

Dear Sir or Madam:

Enclosed is the Resignation of Member/Manager from Florida Limited Liability Company known as Small Time Investor, LLC. Also, enclosed please find a check for the amount of \$25.00 in connection with the above referenced matter.

Thank you for your cooperation. Please feel free to contact our office should you have any questions or concerns regarding the foregoing.

Sincerely,

LAMCHICK LAW EROUP, P.A.

Bruce Lamchick, Esq.

BL/jr Enclosures

COVER LETTER

Division of Corporations						
SUBJECT: Small Time Investors, Li	LC					
(Name of Limited Liability Company)						
The enclosed member, resignation or dis	ssociation a	nd fee(s) are submitted for filing	ng.		
Please return all correspondence concern	ning this ma	itter to:				
Bruce Lamchick, Esq.						
(Contact Person)			_			
Lamchick Law Group, P.A.						
(Firm/Company)						
9350 South Dixie Hwy, PH 3						
(Address)						
Miami, FL 33156						
(City/State and Zip Code)						
For further information concerning this	matter, plea	se call:				
Bruce Lamchick	30 at (05	670-4455	TAL SE	14	
(Name of Contact Person)		ea Cod	e & Daytime Telephone N	lumber)	14 NOV -3	
Enclosed please find a check made paya \$25 Filing Fee			Department of State for: g Fee & Certified Copy		-3 PK W	A make
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRES Registration Section	SS:	2	
Division of Corporations Clifton Building			Division of Corporation P.O. Box 6327	ons		
		Tallahassee, Florida 3	2314			

Tallahassee, Florida 32301

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)

The name of the limited liability company as it ap of State is:	opears on the records of the Florida Department
2. The Florida document/registration number assign L03000030774	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is:
4. I, Lazaro Iglesias (Print Name of Person Resigning)	
Manager	TAL TAL
(Print Title)	SECRETARY TO THE SECRET
of this limited liability company and affirm the lin resignation in writing.	inted hability company has been nonfried of my
Signature of Dissociating Member or Resigning	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	