104000028830

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
AND ANASSEF FLORIDA

D. BRUCE

OCT 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

| Division of Corporations | |
|--|---|
| | AKTNERS, LC. nited Liability Company) |
| The enclosed member, managing member of filing. | r manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning | ; this matter to: |
| STEVEN HOPFINA (Contact Person) | N |
| INVESTING PARTNERS (Firm/Company) | LLC SEE |
| 4700 W. PROSPECT RD. | OCT 2C |
| FT-LAUDENDALE, FC. (City/State and Zip Code) | ETARY OF STATE HASSEE, FLORIDA 33309 |
| For further information concerning this mat | |
| (Name of Contact Person) | at (9S4) 493-7300 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable \$25 Filing Fee | to the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| 1. The name of the | limited liability company as it appears on the records of the Florida Department |
|--------------------------|--|
| of State is: | INVESTING PARTNERS, LLC |
| | |
| n metata dinaska di dela | |
| | wility company was organized under the laws of: |
| FLOF | 21DA |
| | |
| 3. The Florida doci | ument/registration number of this limited liability company is: |
| | 028830 |
| 00 (000 | |
| 4.1, DARRE | EN HOFFMAN, hereby resign as a MANAGING PARTNER |
| | dame of Person Resigning) (Print Title) |
| of this limited liab | bility company and affirm the limited liability company has been notified of my |
| resignation in wr | iting. |
| \ | 1/ |
| \rightarrow | 16 |
| Signature of Resi | igning Member, Managing Member or Manager |
| · · | |
| | |
| • | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |