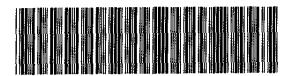
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER ..

TO:	Registration Section Division of Corporations		
	·		400003100
SUBJ	TECT: Pompano Investments, LLC	1-0	40000
	(Name of Lirr	nited Liability C	Company)
The en	nclosed member, resignation or dissoci	ation and fee	e(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	o:
Brund	o Di Giulian		
	(Contact Person)		_
	(Firm/Company)		
1204	5 NW 62 Court		
	(Address)		_
Coral	Springs, Florida 33076		
	(City/State and Zip Code)		_
For fu	rther information concerning this matte	er, please call	l:
Bruno	o Di Giullian	954 at (341-5434
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida	Department of State for:
	Filing Fee		ng Fee & Certified Copy
STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:
Registr	ration Section		Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



SECRETARY OF STATE DIVISION OF CORPORATIONS

14 DEC -5 M 2: 01

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)

	e limited liability company as inpano Investments, LLC	t appears on the records of the Florida Department
2. The Florida doc	•	igned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	med or will withdraw/resign is:
4. I, H. Joseph Roselli		hereby withdraw/resign as a
(Print N	Name of Person Resigning)	, notedy william withough as a
Managing Me	ember	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
M. Da	sept Roll	
Signáturé of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	