L04000031002

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE ALLIANASSEE, FLORIDA

'JAN 15 2015 T. CARTER

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Pompano investments, i	rc			
SOBJECT	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dis	ssociation and fee(s) are submitted for filing.		
Please return	all correspondence concern	ning this matter to:			
Bruno Di G	iulian		_		
	(Contact Person)				
	(Firm/Company)				
12045 NW	62 Court		_		
	(Address)		_		
Coral Sprin	igs, Florida 33076				
	(City/State and Zip Code)	·	~~		
For further is	nformation concerning this	matter, please call:			
Bruno Di G	lullian	954 at (341-5434		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple \$25 Filing	ase find a check made payal g Fee		Department of State for: g Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Division of C			Registration Section Division of Corporations		
Clifton Build	ling	٠	P.O. Box 6327		
	ive Center Circle Floride 32301		Tallahassee, Florida 32314		

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)

1. The name of the limited liability company as of State is: Pompano Investments, LLC	s it appears on the records of the Florida Department
2. The Florida document/registration number a LO000031002	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	signed or will withdraw/resign is: 12/1/2014 , hereby withdraw/resign as a
(Print Name of Person Resigning) Managing Member	
(Print Title) of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notified of my
Signature of Dissociating Member or Resig	ming Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

15 JAN 13 PM 3:41



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)

	nited liability company as it appears on the records of the Florida Department and Investments, LLC
2. The Florida docum LO000031002	ent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: elli , hereby withdraw/resign as a se of Person Resigning)
(Print National Managing Mem	
(F	int Title)
of this limited liabi	ity company and affirm the limited liability company has been notified of my ng.
Signature of Disa	ociating Member or Resigning Manager
Filing Fee; Certified Copy:	· • ·