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Office Use Only



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DIVISION OF CORPORATIONS

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: Aisby Investigation (Name of Limited Liability)	ment, LLC. Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Aisby/ Vanes (Confact Person)	_ 9
Warren (Contact Person)	OT SEP 14
(Firm/Company)	<u> </u>
10935 SW 174 TER.	·
(Address)	
MIAMI, FL. 33157 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please ca	ıll:
AISBY/ Vanes at (78) (Name of Contact Person) (Area Co	6, 242 4333
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	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 limit of State is:	ted liability company as it ap 15by   Invest	pears on the records of the Florid Menty LLC.	7 SEP
2. This limited liability  Float	company was organized und	er the laws of:	14 AMII: 55
	nt/registration number of this	limited liability company is:	
4. I, Ollando (Print Name of	I. Vanes of Person Resigning)	, hereby resign as a <u>Manage</u> (Print	Title)
of this limited liability resignation in writing	• -	nited liability company has been r	notified of my
Signature of Resignin	ng Member, Managing Memb	per or Manager	
	\$25.00 (Required) \$30.00 (Optional)		