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(Rec	questor's Name)			
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SECRE JARY OF STATE
ANI AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Austin Investments, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Reagan Masone	
(Contact Person)	
(Firm/Company)	
4275 Alyssa Lane	
(Address)	
Melbourne, Fl 32904	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Reagan Masone	(321) 676-5252
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the line of State is: Austi	mited liability company as it in Investments, LLC	appears on the records	of the Flori	da Department
2. This limited liabili Florida	ty company was organized u	nder the laws of:		97 AUG -2 SECRE AN TALLAHAS
3. The Florida docum	nent/registration number of th	nis limited liability com	npany is:	AHII: FI SEE, FLORID
4. I, Anthony N.	Masone ne of Person Resigning)	, hereby resign as a	MGRM	7
·	ity company and affirm the I	imited liability compar	,	Title) notified of my
AMAC				
Signature of Resign	ning Member, Managing Men	mber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)