

L05000051406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

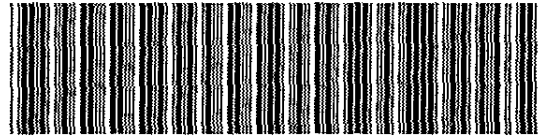
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Pg 1/4*

Office Use Only



100088041471

02/13/07--01031--027 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 12 PM 3:40

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PCU Investments , LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Perla Sole Calas  
(Contact Person)

Perla Sole Calas P.A.  
(Firm/Company)

15450 New Barn Rd Suite 302  
(Address)

Miami Lakes, Florida 33014  
(City/State and Zip Code)

For further information concerning this matter, please call:

Perla Sole Calas at ( 305 ) 827-0084  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, 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**

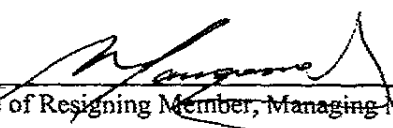
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PCU Investments, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L05000051406

4. I, Marielena Languasco, hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 12 PM 3:40