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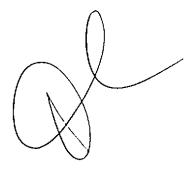
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COVER LETTER

Division of Corporations Monar Investments LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Naraine Seecharan (Contact Person) Monar Investments LLC (Firm/Company) 10559 NW 32nd Ct (Address) Coral Springs FL 33065 (City/State and Zip Code) For further information concerning this matter, please call: Naraine Seecharan (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section



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	e limited liability company a	as it appears on the records of th	ne Florida Γ	De Fi rti	ment
Mon	ar Investments LLC			NOV 2	٠=-
2. The Florida doc L05000066496	rument/registration number	assigned to this limited liability	company i	s:_ p	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign	Nov 13th	2 03 2	
4. I, Mona Rajweent	y Seecharan	, hereby withdraw/resign	as a		
(Print l	Name of Person Resigning)	, , , , , , , , , , , , , , , , ,			
Authorized Mana	ager .				
	(Print Title)				
of this limited lia resignation in w	· · · · · ·	the limited liability company ha	is been noti	fied of	ſту
Mma K	Sociating Member or Resi				
Signature of D	issociating Member or Resi	gning Manager			
•	\$25.00 (Required)				
Certified Conv.	\$30.00 (Ontional)				