L05000072669

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
AHASSEE FLORIO

J. BRYAN

APR 2 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	TECT: The 1811 Investmen	t Company, L.L.C.	
	,	• • •	
The e filing.		or manager resignation and fee(s) are submitted for	
Please	e return all correspondence concerni		
San	nuel Montalvo	09 APR 28 PH 3: 27 SECRETARY OF STATE FALL AHASSEE, FLORID	
	(Contact Person)	RETARA	
The	1811 Investment Company	APR 28 PH 3: 27 CRETARY OF STATE LAHASSEE, FLORIT	
	(Firm/Company)	FLOR FLOR	
P.O	. Box 226854	ROPERE	
	(Address)		
Miar	mi, FL 33222		
	(City/State and Zip Code)		
For fu	orther information concerning this m	atter, please call:	
Floy	d Martinez	at (202) 3094959	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclo	sed please find a check made payab \$25 Filing Fee	le to the Florida Department of State for: \$55 Filing Fee &	
	- سخا	Certified Copy	
	EET/COURIER ADDRESS:	MAILING ADDRESS:	
_	tration Section	Registration Section	
	on of Corporations	Division of Corporations	
	n Building		
2661	Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



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 ap of State is: The 1811 Investment Comp	•	lorida Department
2. This limited liability company was organized und State of Florida	der the laws of:	09 APR 21 SECRETAL TALLAHAS
3. The Florida document/registration number of this L05000072669	s limited liability company is: 	SEE TO
_{4. I.} Samuel Montalvo	, hereby resign as a Managing	□ ["1 ==
(Print Name of Person Resigning)	(1	Print Title)
of this limited liability company and affirm the limited resignation in writing. Signature of Resigning Member, Managing Member		en notified of my

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)