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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: Shawn Investments, LLC		
	mited Liability Co	mpany)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Hetal Desai, Esquire		
(Contact Person)		
Sniffen & Spellman, P.A.		
(Firm/Company)		_
123 N. Monroe Street		
(Address)		_
Tallahassee, Florida 32301		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call:	
Hetal Desai	850	205-1996
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314



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)

	imited liability company as it appears on the records of the Florida Department In Investments, LLC
	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: Feb. 13, 2016
4. I,	, hereby withdraw/resign as a me of Person Resigning)
Print Na Managing Mer	
(1	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)