L05000119230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Latin Unifund Investment, 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:
Nestor Rivero (Contact Person)
(Firm/Company)
8824 Coral Way (Address)
Miami, FL 33165 (City/State and Zip Code)
For further information concerning this matter, please call:
Nestor Rivero at (305) 336-6809
(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 \$ 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company a Latin Unifund I		ds of the Florida Depart	tment
	iability company was organize	d under the laws of:	· • • • • • • • • • • • • • • • • • • •	
3. The Florida d	locument/registration number o	of this limited liability co	ompany is:	
L0:	5000119230	ي ب نسس	_	
	1 BLAN GO nt Name of Person Resigning)	, hereby resign as	a Marages	·
•	liability company and affirm the	he limited liability comp	pany has been notified o	of my
des	The			
Signature of F	Resigning Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SECTION OF THE SECTIO
		·		O PM I: S

CR2E079 (5/06)