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TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations			
SUBJECT:	SUBJECT: SOUTH DADE INVESTMENT VENTURES, LLC			
0000001	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissociat	ion and fee(s)) are submitted for filing.	
Please return	all correspondence concerning th	is matter to:		
FABIOLA S	ANTIAGO			
	(Contact Person)		-	
PRINCE CF	PA GROUP			
	(Firm/Company)		-	
9161 NARC	COOSSEE RD. SUITE 202			
	(Address)		-	
ORLANDO,	FL 32827			
	(City/State and Zip Code)		-	
For further in	formation concerning this matter,	please call:		
FABIOLA S	ANTIAGO	407 at (823-8230	
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plea ■ \$25 Filing	ase find a check made payable to t Fee (epartment of State for: Fee & Certified Copy	
Registration S Division of C Clifton Build	orporations ing ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the of State is:	e limited liability company a	s it appears on the records of the Florida Department T VENTURES, LLC
	ument/registration number a	essigned to this limited liability company is:
		signed or will withdraw/resign is: 4/10/2017, hereby withdraw/resign as a
MGR	(Print Title)	
resignation in wr	iting.	ne limited liability company has been notified of my
-	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager