LD10000009016

(Re	questor's Name)	;
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	16
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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APPROVED

COVER LETTER

, 724

PO: Registration Section Division of Corporations	
SUBJECT: Investment Move (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this mat	ter to the following:
Timothy Muldowney (Name of Person)	
Investment Movers (Firm/Company)	·
1745 Hammocks Are (Address)	
Luts, FC 33549 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Steve Ward at (Name of Person)	(813) 385-450 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

LDG-9016

I, Timothy Muldowney, hereby resign as CEO (Title)				
of Investment Movers LCC				
(Limited Liability Company)				
a limited liability company organized under the laws of the State of				
and affirm that the limited liability company has been notified in writing of the resignation.				

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FI ORIGINA