

LOL 0000 15 340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/18--01041--007 **25.00

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2018 MAY 14 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICE
GEORGE DIAZ, P.A.
ATTORNEY & COUNSELLOR AT LAW
MIAMI TOWER
100 SE 2ND STREET, SUITE 3400
MIAMI, FLORIDA 33131
TELEPHONE (305) 279-3231
FAX (305) 375-8050

May 9, 2018

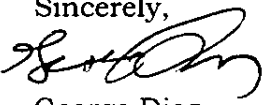
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of Vice President & Manager of Outar Investment Company, LLC

Dear Sir or Madam:

Please find enclosed the fully-executed Resignation of Vice President & Manager Scafford W. Outar from Outar Investment Company, LLC, and our check for \$25.00 for the Filing Fee. Kindly file the Resignation upon receipt.

Thank you for your cooperation in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

George Diaz

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outar Investment Company, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael W. Outar

(Contact Person)

Outar Investment Company, LLC

(Firm/Company)

15230 SW 160 Street

(Address)

Miami, Florida 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael W. Outar

(Name of Contact Person)

at (305) 505-6696

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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



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 limited liability company as it appears on the records of the Florida Department of State is: OUTAR INVESTMENT COMPANY, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000015340

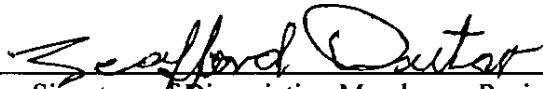
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 9, 2018

4. I, SCAFFORD W. OUTAR, hereby withdraw/resign as a
(Print Name of Person Resigning)

VICE PRESIDENT & MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2018 MAY 14 PM 3:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA