

LOG0000018354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

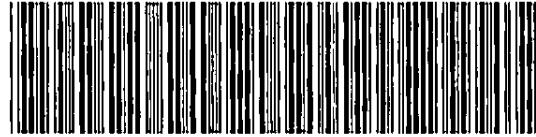
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800306757248

12/21/17--01025--007 **55.00

FILED

17 DEC 21 PM 4:22

Sec. of State
1411 MASS. ST. 10TH FL.
SACRAMENTO, CA 95833

S. WARREN

DEC 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK INVESTIGATIVE SERVICES LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

ALEJANDRO GARCIA
(Contact Person)

LANDMARK INVESTIGATIVE SERVICES
(Firm Company)

8770 SW 72nd ST SUITE 454 MIAMI
(Address)

MIAMI FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO GARCIA at (305) 975-2076
(Name of Contact Person) (Area Code & Daytime Telephone Number)

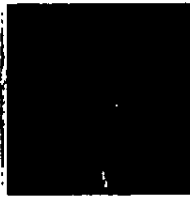
Enclosed please find a check made payable to the Florida Department of State for:
☐ \$25 Filing Fee ☒ \$55 Filing Fee & Certified Copy

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: LARSENIA LLC INVESTMENTS, LLC

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

LC00000018354

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/8/17

4. I, WILLIAM A. BELKE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER
(Print Title)

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

[Signature]

Signature of Dissociating Member or Resigning Manager

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

FILED
17 DEC 21 PM 4:22
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA