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COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations Beevers Investments, LLC SUBJECT: (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: Ivette Rodriguez, Esquire (Contact Person) IVETTE RODRIGUEZ, P.A. (Firm/Company) 201 Alhambra Circle Suite 500 (Address) Coral Gables, Florida 33134 (City/State and Zip Code) For further information concerning this matter, please call: Ivette Rodriguez, Esquire (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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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:	vers Investments, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L0600009313	
	mber/manager withdrew/resigned or will withdraw/resign is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4 I Isabel Beeve	hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
Member/Man	ager
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
I sabe,	Secretary - Secretary Manager
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)