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| (Re                     | questor's Name)    |           |
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| (Ad                     | dress)             |           |
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|                         |                    | ·         |
| (Cit                    | ty/State/Zip/Phone | ∍ #)      |
| PICK-UP                 | ☐ WAIT             | · MAIL    |
| (Bu                     | siness Entity Nar  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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JUL 1 4 2014 C. CARROTHERS

#### **COVER LETTER**

SUBJECT: RESIGNATION OF MEMBER
(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:

TENNIFER MENDOZA

(Contact Person)

TRI-GLOBAL INVESTMENTS, UC

(Firm/Company)

561 PARKSIDE POINTE BLVD

APOPKA, FL. 32712

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER MENDOZA at (407) 6/16 - 4319 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (2/14)

TO:

Registration Section



### 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 Departm       | ient |
|---|---|------|
| of State is:                                | RI-GLOBAL INVESTMENTS, LLC  |      |
| 2. The Florida docu                         | ment/registration number assigned to this limited liability company is:             |      |
| LØ6 \$\$\$/                                 | 43386   |      |
| 3. The date this mer                        | mber/manager withdrew/resigned or will withdraw/resign is: $\frac{6/23/2}{2}$       | 0/4  |
| 4. I. CARLOS A                              | A. MEUDOZA , hereby withdraw/resign as a  |      |
| (Print No                                   | ime of Person Resigning)  |      |
| MG  | <u>RM</u> .   |      |
| (   | Print Title)  |      |
| of this limited liab<br>resignation in writ | ility company and affirm the limited liability company has been notified of a ling. | my   |
| Signature of Dis                            | sociating Member or Resigning Manager   |      |
| Filing Fee:<br>Certified Cony:              | \$25.00 (Required)<br>\$30.00 (Optional)  |      |