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(Address)			
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(City/State/Zip/Phone #)			
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SECRETARY OF STATE
ALL ASSEE EL DBIO

D. BRUCE

MAR 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LP Investment Gro	
(Name of Limited Liaomic	(Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	r to:
Launa Pairks	
(Contact Person)	
LP Investment Group, LI	<u>0</u>
1366 Calcutta Dr.	O9 MAR SECRET
(Address)	R-9
Gulf Brecze, Fz 32563	[n=\
(City/State and Zip Code)	AH II: 21 E. FLORII
For further information concerning this matter, please	call: DATE
Lana Parks at (85	5126255
(Name of Contact Person) (Area G	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring \$25 Filing Fee	da Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company : P INVESTWUMT		of the Florida Department
	ility company was organiz	ed under the laws of:	
	ument/registration number	of this limited liability con	npany is:
4. I, ROGEV	PONS Jame of Person Resigning)	, hereby resign as a	Manager (Print Tible)
resignation in wr		the limited liability compared to the liability compared to th	ny has been notified of my
Filing Fee:	\$25.00 (Required)	Ç	09 MAR -
Certified Copy:	\$30.00 (Optional)		4R -9

CR2E079 (5/06)