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(Re	questor's Name)	_
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(Cit	ry/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Koinonia Investment, LLC	
(Name of Limited Liabil	ity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Marcial Antonio De Sautu	
(Contact Person)	
(Firm/Company)	
3785 NW 82 Avenue STE 304	
(Address)	,
Miami, Florida 33166	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Marcial Antonio De Sautu at (3	05) 588-9668
(Name of Contact Person) (Area	Code & Daytime Telephone Numbers
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section S
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee. Florida 32301	Turanasso, Fronta Sest 1

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FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

as it appears on the records of the utu	e Florida Department
ed under the laws of:	
of this limited liability company	is:
, hereby resign as a Mar	naging Member
the limited liability company has	been notified of my SECRETARY TALLAHASSI
Signature of Resigning Member. Managing Member or Manager	
	ed under the laws of: of this limited liability company , hereby resign as a Mar

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)