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| (R | equestor's Name) | | |
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| (A | ddress) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (B | usiness Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of | Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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15 JAN 16 PM 2: 24

TO ACKNOWLE FILLING
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15 JAN 16 PH 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 2 0 2015 T. CARTER

| | ACCOUNT NO | 0. : | 12000 | 000019 | 5 |
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| | REFEREN | CE : | 46357 | 71 | 7699238 |
| | AUTHORIZATIO | : NC | Syrie | Dole | man |
| | COST LIM | IT : | \$/85- | / 00 | · |
| ORDER DATE : | January 16, 20 | 015 | | | |
| ORDER TIME : | 11:49 AM | | | | |
| ORDER NO. : | 463571-005 | | | | |
| CUSTOMER NO: | 7699238 | | | | |
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| | CHANGE O | F AGE | <u>NT</u> | | • |
| | | | | | |
| NAME: | ROBLES INVI | ESTME | NTS, LI | ıC | |
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| פו פאפט ספייוים: | N THE FOLLOWING | אפי דטי | OOF OF | י הדדדת | ic. |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-----------------|--|--|
| SURJ | ECT: Robles Investments, LLC | |
| СОВО | Name of Limited Liability | Company |
| DOC | JMENT NUMBER: L07000086906 | |
| The er for fili | closed Resignation of Registered Agent for a Limiteng. | d Liability Company and fee are submitted |
| Please | return all correspondence concerning this matter to t | he following: |
| Carlo | s A. Nunez | |
| | Name of Person | - |
| WNF | Law, P.L. | |
| | Name of Firm/Company | - |
| 1111 | Brickell Avenue, Suite 2200 | |
| | Address | - |
| Miam | i, Florida 33131 | |
| | City/State and Zip Code | - |
| searc | hes@wnflaw.com | |
| E- | mail address: (to be used for future annual report notification) | - |
| For fu | ther information concerning this matter, please call: | |
| Carlo | s A. Nunez 305 | 760-8500 |
| | Name of Person Area Code | Daytime Telephone Number |
| liabilit | ed is a check made payable to the Florida Departmer y company or \$25.00 for an administratively dissolve y company. | at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida S | Statutes, the undersigned, | |
|---|--|-------------------|
| WNF Law, P.L. | , hereby resigns as | - |
| Name of Registered Agent | , | 15 AL |
| Registered Agent for Robles Investments, LLC | | IS JAN |
| 7.05.00.76.7 | | 916 |
| Name of Limited Liability | Company | |
| L07000086906 | | PH 12: 20 |
| Document Number, if known | | 0 0 |
| The agency is terminated and the office discontinued on | the 31st day after the date on which this st | atement is filed. |
| Signature of | Resigning Agent | |
| If signing on behalf of an entity: | | |
| Carlos A. Nuñez | | |
| Typed or Printe | d Name | |
| | | |
| Capacity | | |

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314