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SECRETARY OF STATE
SECRETARY OF STATE

MAR 2 8 2008

#### **COVER LETTER**

*TO: Registration Section Division of Corporations	
SUBJECT: AFC LIFE I	NVESTMENT, LLC. d Liability.Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
NELSON MUNDZ (Contact Person)	
AFC LIFE JWESTMENT (Firm/Company)	, LLC.
P.O. BOX 347945 (Address)	
CORAL GABLES, FL 33 (City/State and Zip Code)	234-7945
For further information concerning this matter,	please call:
NELSON MUNOZ	t ( 305) 726 - 7666
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$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
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



# O8 HAR 27 AHII: 02 SECRETARY OF STATE TALLAHASSEE FLORIDA

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability comp FC LIFE J	pany as it appears of NUESTMENT	n the records	of the Florida Depa	artment
2. This limited liab	ility company was or Ite of Florid	ganized under the la	,		
L 08	ument/registration number 100000 55	32	-		
4.1, AiMET	CONCEPCION lame of Person Resigning	hereby	/ resign as a	MANAGING	MEMBER
(Print N	ame of Person Resigning		-	(Print Title)	
of this limited lial resignation in wr	bility company and afiting.	firm the limited liab	oility compan	y has been notified	of my
·	gning Member, Mana		anager	<b>.</b> :	
	\$25.00 (Required)				,
Centilied Copy:	\$30.00 (Optional)				