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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

### SUBJECT: CLC INVESMTENTS GROUP LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Luzelena Hincapie

(Contact Person)

(Firm/Company)

12551 SW 259 Street

(Address)

Homestead, FI 33032

(City/State and Zip Code)

For further information concerning this matter, please call:

Luzelena Hincapie

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

#### STREET/COURIER ADDRESS:

■ \$25 Filing Fee

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

#### MAILING ADDRESS:

Certified Copy

□ \$55 Filing Fee &

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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	limited liability company as		of the Florida Department
of State is: CL	C INVESTMENT GRO	UP LLC	· · · · · · · · · · · · · · · · · · ·
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doce L08000027	ument/registration number of	this limited liability com	npany is:
4. I. Ciro Martinez		, hereby resign as a	Managing Member
4. I, Ciro Martinez  (Print Name of Person Resigning)		, , g	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	ny has been notified of my
Qua Mo	whirez		
<del></del>	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		