(Requ	iestor's Name)			
(Address)				
(Address)				
(City/s	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Busir	ness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY - 4 2011

EXAMINER



100206937751

05/02/11--01030--004 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: Solid Investment Holdings	
(Name of Limited I	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Tonya L. Aranda	
(Contact Person)	
Solid Investment Holdings, LLC	
(Firm/Company)	
PO Box 32602	
(Address)	
Palm Beach Gardens, Florida 33420)
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Tonya L. Aranda at (561 ₎ 722-6212
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e 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 32314
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 a id Investment Holdir	ns it appears on the records of the ngs, LLC	he Florida Department
2. This limited liab	ility company was organize	ed under the laws of:	
3. The Florida doc 		of this limited liability compan	y is:
4. I, Solid Cond	cepts, LLC	, hereby resign as a Ma	naging Member
of this limited lia resignation in wr		he limited liability company ha	as been notified of my
Signature of Res	Strend Soli gning Member, Managing	A Concepto LLC Mana Member or Manager	ging Member
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED IT MAY -2 PM 2: SECRETARY OF STALLAHASSEE, FLOT