(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Florida Private Investments (Name of Limited Liability)	y Company)		
(Figure of Sillinot Zillon),	<i>y</i> co <i>py</i>		
The enclosed member, managing member or manager filing.	resignation and fee(s) are	submitted for	
Please return all correspondence concerning this matter	er to:	_ •	
PHOMNALINH SAYAVONG		7009 J	*u={
(Contact Person)			*****
Florida Private Investments, LLC		2009 JAN 21 PM 2: 30 SEERE TARK OF STATE PALLAHASSEE, FLORID	r
(Firm/Company)			Ţ
120 EAST OAKLAND PARK BOULEVA	RD, SUITE 105	30 TATE ORIBA	
(Address)			
FORT LAUDERDALE, FL 33334			
(City/State and Zip Code)			
For further information concerning this matter, please	call:		
PHOMNALINH SAYAVONG at 95	64 ) 639-2216 Code & Daytime Telephone		
(Name of Contact Person) (Area	Code & Daytime Telephone	Number)	
Enclosed please find a check made payable to the Flor \$25 Filing Fee	ida Department of State for \$55 Filing Fee & Certified Copy	or:	
STREET/COURIER ADDRESS:	MAILING ADDRI	ESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corpora	tions	
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida	32314	

CR2E079 (5/06)



## 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 lin of State is: FLOF	nited liability company as it a RIDA PRIVATE INVES	ppears on the records	s of the Florida	ı Depar	tment
FLORIDA	ty company was organized under the contract of this ent/registration number of this	<b>-</b> ÷	TALLAHASSEE. FI	2009 JAN 21 PM	
L080000411	-	_·	CRIT	PH 2: 30	· Carrier
`	ne of Person Resigning) ity company and affirm the lin	_, hereby resign as a mited liability compa	(Print T	•	of my
Signature of Resign	ning Member, Managing Mem	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)