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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLASS GROUP INVESTMENTS, (Name of Limited Liability Corr		
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted	for
Please return all correspondence concerning this matter to:		
MICHAEL R SINGLETON	_	
(Contact Person)		
CLASS GROUP INVESTMENTS	-	7A2
(Firm/Company)		2011 AUG -9 SECREVAR) FALL-AHASSI
2204 ATLANTIC BLVD		ASS.
(Address)		` مرد لشا
JACKSONVILLE, FLORIDA 32207	 -	PH 2: 5 OF STATE E. FLORIE
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MICHAEL R SINGLETON at (904	894-3160	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 655 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

	the limited liability company	as it appears on the records of ESTMENTS, LLC	the Florida Departm	ent
2. This limited FLORID	liability company was organi A	ized under the laws of:	ĪĀS	2
3. The Florida o	_	er of this limited liability compa	LLAHASSEE.	6- 90V 1102
	IA C CRAWFORD	, hereby resign as a M	GR Print Title	
		n the limited liability company l		
Signature of I	Resigning Member, Managin	g Member or Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)