## L09 0000 10207

- (Re	questor's Name)		
(ite	questor s (tame)		
	dress)		
DA)	aress)		
		·	
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations		
Equity Investment Services, LLC SUBJECT:		
(Name of Limite	d Liability C	ompany)
The enclosed member, resignation or dissociation	ion and fee	e(s) are submitted for filing.
Please return all correspondence concerning th	is matter to	<b>)</b> :
Chris Savmo		
(Contact Person)		_
Equity Investment Services		
(Firm Company)		_
7575 Dr. Phillips Blvd, Ste 390		
(Address)		_
Orlando, FL 32819		
(City/State and Zip Code)		<del></del>
For further information concerning this matter.	, please cal	II:
Chris Savino	407 at (	716-1084
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to  S25 Filing Fee		a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as ty Investment Services, LLC	it appears on the records of the Florida Department
2. The Florida doc 1.09000010207	cument/registration number as	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:
		, hereby withdraw/resign as a
MGR —		
resignation in w	ability company and affirm th	ne limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	