L09000079604

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





100435721391

09/06/24--01024--017 **55.00

7024 SEP -6 PM 2: 52

COVER LETTER

TO:	D: Registration Section			
	Divis	sion of Corporations		
SUBJ	IECT:	America Investment Manageme	ent, LLC	
		(Name o	f Limited Liability C	ompany)
The e	nclosed	d member, resignation or di	ssociation and fee	e(s) are submitted for filing.
Please	e return	all correspondence concern	ning this matter to	o:
Didem	ı Isik-Wi	idener		
		(Contact Person)		_
Distan	Light W	Americ	a Jnv	Management LLC
		(Firm/Company)		9
1681 (Chestnut	Avenue		
		(Address)		
Winte	r Park, F	FL 32789		
		(City/State and Zip Code)		
For fu	urther in	nformation concerning this	matter, please cal	II:
Didem	n Isik-W	idener	407 at (468-7672)
	(N	lame of Contact Person)		de & Daytime Telephone Number)
	=	ease find a check made paya		
□ \$2	5 Filin	g Fee	■ \$ 55 Fili	ing Fee & Certified Copy
		ng Address:		Street Address:
Registration Section			Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	1 0110	uidooce, i E J#J17		Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2024 SEP -6 PM 2: 52

TALLAHASSEE FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	as it appears on the records of the Florida Department
of State is: Amer	ica Investment Management, L.L.	<u>C</u>
2. The Florida docu	ıment/registration number a	assigned to this limited liability company is:
L09000079604		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
Didem Isik-Wide 4. 1,	ener	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm titing.	the limited liability company has been notified of my
	[1]	
Signature of Di	ssociating Member or Resi	gning Manager
~	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	