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(Req	uestor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			





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PEB 2 5 2014 D. BRUCE

COVER LETTER

TO: **Registration Section Division of Corporations** S Investments, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Scott Daiagi (Contact Person) S Investments, LLC (Firm/Company) 2512 SW 30 Ave (Address) Pembroke Park FI 33009 (City/State and Zip Code) For further information concerning this matter, please call: Scott Daiagi (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

□ \$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (12/13)

MAILING ADDRESS:

□ \$55 Filing Fee &

Certified Copy

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as nvestments, LLC	it appears on the records of t	the Florida Department
2. The Florida doc <u>L0900098</u>	ument/registration number of	this limited liability compan	ny is:
3. The date this me	ember withdrew or will withd	raw is: December 31, 20	013
_{4. I,} Matthew D	aiagi	, hereby resign as a Ma	anaging Member
(Print Name of Person Resigning)		, nereby resign as a	(Print Title)
resignation in w	instruit		as been notified of my
Signature of R	esigning or Dissociating Mar	nager, Member	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2014 FEB 24 PM 3: JEGES TARY OF STA