L100000184627

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

Office Use Only



000256602670

02/13/14--01016--001 **55.00

FILED
SECREDARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|-------------|
| SUBJECT: J. O. E. INVESTMENTS LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| JOE WIBLISKY Name of Person | |
| J.O.E. Investments UC. | |
| 20900 NE 30 th AUE WIT 401 Address | |
| AUENTURA FL. 33 18). City/State and Zip Code | |
| E-mail address: (to be used for fundre annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (305) 457-6330 Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee \& \ \times \\$55.00 Filing Fee \& \ \times \\$60.00 Filing Fee \& \ \times \\$Certificate of Status \\ (additional copy is enclosed) \\ \times \\$Certified C | of Status & |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.O.E. 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:

JOE KIBLISKY

(Contact Person)

JOE INVESTMENTS LLC

(Firm/Company)

20900 NE 30TH AVE # 401

(Address)

AVENTURA, FL. 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

JOE KIBLISKY

4576330

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as D.E. INVESTMENTS | it appears on the records of the Florida Department |
|--|--|--|
| 2. The Florida docu L10000084 | • | f this limited liability company is: |
| 3. The date this me | mber withdrew or will with | draw is: JAN 24 2014 |
| 4. I, TAMARA | _APCO | , hereby resign as a MGR |
| | ame of Person Resigning) | (Print Title) |
| of this limited lia resignation in wr | • • | ne limited liability company has been notified of my |
| - | signing or Dissociating Ma \$25.00 (Required) \$30.00 (Optional) | nager, Member ALL All ASSE |

CR2E079 (12/13)