L10000085822

(Requestor's Name)				
(Address)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Boomood Linky Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section		
Division of Corporat	ions	
SUBJECT:	VESTMENTS LLC	
	(Name of Limited Liab	lity Company)
The enclosed member, resig	nation or dissociation an	d fee(s) are submitted for filing.
Please return all corresponde	ence concerning this ma	tter to:
PAUL ROGERS		
(Contac	et Person)	
TWO LG'S INVESTMENST LL	C	
(Firm/C	Company)	
4660 120TH AVE N		
(Add	ress)	
WEST PALMBEACH FL33411		
(City/State	and Zip Code)	
For further information cond	cerning this matter, pleas	se call:
PAUL ROGERS	561 at (2469707 ba Code & Daytime Telephone Number)
(Name of Contact I	Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check	k made payable to the FI	orida Department of State for:
COCETT F		5 Filing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporat	tions	Division of Corporations
P.O. Box 6327	1.4	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 323	14	Tallahassee, FL 32303

TO:



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
L10000085822	ment/registration number ass	signed to this limited liability company is:
		gned or will withdraw/resign is:
4. I, WILLIAM ROGERS (Print Name of Person Resigning)		
SECRETARY	•	
	Print Title)	
of this limited liab resignation in wri	· · · · · · · · · · · · · · · · · · ·	e limited liability company has been notified of my
William	Rogew ssociating Member or Resign	
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	