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(Requestor's Name)	
(Address)	
(A.L)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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A. LUNT	
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SACREBURY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY LO DM 3:

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Felix A Pena		
(Name of Limit	ed Liability Con	ipany)
The enclosed member, managing member or ralling.	nanager resig	nation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:	
Reinaldo Barrera		
(Contact Person)		TA 20
R&F Investment Protectors, LLC		
(Firm/Company)		MAY -9
6001 NW 153 Street Suite # 205		
(Address)		3: 2: LORIS
Miami Lakes FL 33014		26
(City/State and Zip Code)		-
For further information concerning this matter	, please call:	
Reinaldo Barrera	at (305	, 401-5036
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to	the Flor <u>ida</u> D	epartment of State for:
\$25 Filing Fee	\$	55 Filing Fee &
		Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
i ananassee, Pionua 32301		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the l	imited liability company as	it appears on the records	of the Florida I	Departme	nt _
of State is: R&F	Investment Protecto	ors, LLC			
			£#)S.	
2. This limited liabil The state of	lity company was organized	under the laws of:	ASSEE,	(-9 PM	Parents of the same of the sam
		 '		⊒≛ မှာ	
3. The Florida docu	ment/registration number of	this limited liability com	nany is:	5	-, -
L10000086	-	······································	pairy is.		
4. I, Telix (Print Na	A PENA me of Person Resigning)	, hereby resign as a _	MANA (otte	
of this limited liabi	ility company and affirm the ing.	limited liability compan	y has been noti	fied of m	y
Signature of Resig	ning Member, Managing Mo	ember or Manager			
-		•			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				