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J. SAULSBERRY EXAMINER

SEP 1.8 2017

COVER LETTER

SUBJECT:	5000 INVE	EST	MEN ⁻	ΓS. LI	LC			
SOBOLOT.	Name of Lir	nited	Liabilit	y Comp	pany			•
DOCUMENT NUMBER:		Ļ	10000	0881	05			
The enclosed Resignation of R for filing.	egistered Agent	for a	a Limite	d Liab	oility Company and	l fee are	submit	ted
Please return all corresponden	ce concerning th	is m	atter to	the fol	lowing:			
Rafael A Name of	. Gaitan Person			_				
Gaitan Mora Name of Fire				_			•	
1110 Bricke Addr				_		IĄLLĄ!	2012 SEP 7	1
Miami, F City/State ar	L 33131 Id Zip Code			_		TARY OF ASSEE, F		
rgaitan@gaita E-mail address: (to be used for	·					OF STATE E. FLORIDA	AH .8 12	***************************************
Rafael A. Gaita Name of Person	n a	ıt (305)	443-8900 aytime Telephone No	ımher		
Enclosed is a check made payliability company or \$25.00 for limited liability company.	able to the Floric	da D	epartme	ent of S	State for \$85.00 for	an activ	e limit Irawn	ed

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.509, F	florida Statutes, the under	signed,	
Gaitan M	Morales, PLLC	, hereby resig	ms as	
	Registered Agent	,	,	
Registered Agent for	5000 INVE	STMENTS, LLC		
	Name of Limited Liability Com	pany		,
L1000008810	05			
Document Number, if k	nown			
A copy of this resignation was m	nailed to the above listed limit	ted liability company at it	s last known address.	
The agency is terminated and the	e office discontinued on the 3	Haut	••••	filed.
If signing on behalf of an entity:			2012 SEP SECRETA ALLAHAS	-11
	Rafael A. Gait	an	AS P	* j
	Typed or Printed Na	me	7 RY (SEE	1
	Manager			III
	Capacity		.8.12 DRIDI ORIDI	f 3

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314