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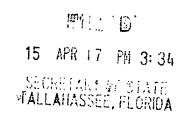
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations DIVAS INVESTMENT GROUP, LLC **SUBJECT:** (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: CONSUELO C. FERNANDEZ, ESQ. (Contact Person) LAW OFFICE OF CONSUELO C. FERNANDEZ (Firm/Company) 9415 SUNSET DRIVE, SUITE 290 (Address) MIAMI, FL 33173 (City/State and Zip Code) For further information concerning this matter, please call: CONSUELO C. FERNANDEZ (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as it appears on the records of the Florida Department S INVESTMENT GROUP, LLC
2. The Florida docur L10000107695	nent/registration number assigned to this limited liability company is:
4. I,	me of Person Resigning), hereby withdraw/resign as a
·	lity company and affirm the limited liability company has been notified of my ing.
	Sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)