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TO:	Registration Section Division of Corporations		
SUBJI	ECT: CAC GROUP INVESTMENT	,	
	(Name of Lim	ited Liability Con	ipany)
The en	closed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:	
Carlo	s Gaitan		
	(Contact Person)	<u></u>	-
CAC	GROUP INVESTMENTS, LLC		
	(Firm/Company)		-
12879	9 SW 62 LANE		_
	(Address)		•
MIAM	II, FL 33183		
	(City/State and Zip Code)		-
For fur	rther information concerning this matte	er, please call:	
Carlo	s Gaitan	786	285-6005
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to Filing Fee		epartment of State for: Fee & Certified Copy
	ET/COURIER ADDRESS: ration Section		MAILING ADDRESS: Registration Section
Divisio	on of Corporations		Division of Corporations
	Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)

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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)

	limited liability company as	= =	ords of the Florida Department	t
2. The Florida docu L10000125674	ment/registration number as 1	ssigned to this limited	liability company is:	
3. The date this men	mber/manager withdrew/res	igned or will withdra		
MGR	ame of Person Resigning) (Print Title)	,		
	or sompany and affirm the		npany has been notified of my	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		2016 FEB 22 A SECRETARY OF	

CR2E079 (2/14)