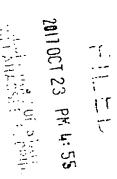
111000057065

(Requestor's Name)
. (Address)
((Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
80	4 C.
, <u>H</u>	- Office Use Only
7. 23	- Mari
2017 1861 23	**************************************
	<u> </u>



400304810364

10/24/17=+01015=-002 **25.00



K. SALY OCT 25 2017

COVER LETTER

Division of Corporations
SUBJECT: PHANTOM INTERNATIONAL INVESTMENTS (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:
JOSE E. LATOUR (Contact Person)
LATOUR LAW (Firm/Company)
4500 BISCAYNE BLVD, PH-N (Address)
MIAMI, FL 33137 (City/State and Zip Code)
For further information concerning this matter, please call:
LAURA CALLAVA at (786) 866 9775 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

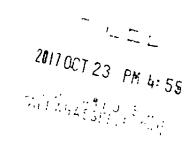
Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section





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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: PHI	INTOM INTERNATIONAL INVESTMENTS.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L11000	057065
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10 17
	E. LATOUR , hereby withdraw/resign as a game of Person Resigning)
MANA	GER Print Title)
of this limited liab	oility company and affirm the limited liability company has been notified of my ting.
Signature of bis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)
	a action continued t