111000059302

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL "		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

-Office Use Only



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

DEC - 9 2014 T. CARTER

COVER LETTER

CR2E079 (2/14)

_	stration Section sion of Corporations		
SUBJECT:	Rebour Investment LLC		
	(Name of Lin	ited Liability Company))
The enclosed	I member, resignation or dissoci	ation and fee(s) are	submitted for filing.
Please return	all correspondence concerning	this matter to:	
Catherine F	Rebour		
	(Contact Person)		
Rebour Inv	estment LLC		
	(Firm/Company)		
6000 Collin	s Avenue 112		
	(Address)		
Miami Bead	ch, Florida, 33140		
	(City/State and Zip Code)	·	
For further in	nformation concerning this matt	er, please call:	
Catherine F	Rebour	_ at ()	
(N	ame of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable t Fee	the Florida Depart \$55 Filing Fee	
Registration Division of C Clifton Build 2661 Executi	Corporations	Regi Divi: P.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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)

1. The name of the	e limited liability company as	s it appears on the records of the Florida Department
of State is: Reb	oour Investment LLC	
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1100005930)2	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. l,		hereby withdraw/recian as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in w		ne limited liability company has been notified of my
Signatura of D	issociating Mambar on Resig	wing Managar
Signature of D	issociating Member or Resig	ining ivialiager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	