L11000/00578

| (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:

A. LUNT

NOV 22 2011

EXAMINER

Office Use Only



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SECHETARY OF STATE

COVER LETTER

CR2E079 (5/06)

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: TFE INVESTMENTS, LLC (Name of Limited) | Liability Company) |
| The enclosed member, managing member or mainfiling. | nager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | matter to: |
| WENDY CHELIOUDAKIS | • |
| (Contact Person) | |
| TFE INVESTMENTS, LLC | 51 |
| (Firm/Company) | ZUII NOV 21 SECRETARY ALLAHASSE |
| 10150 NW 47TH STREET | HAS A |
| (Address) | m – |
| SUNRISE, FLORIDA 33351 | FERRICE CONTRACTOR OF STATE OF |
| (City/State and Zip Code) | Ord S |
| For further information concerning this matter, p | lease call: |
| WENDY CHELIOUDAKIS | 954 \ 5722786 |
| | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | imited liability company as it ap INVESTMENTS, LLC | pears on the records of the | e Florida Department |
|--------------------------------|---|---------------------------------------|--|
| 2. This limited liabil FLORIDA | ity company was organized und | er the laws of: | ZBII NOV 21 SECHETARY FALLAHASSE |
| 3. The Florida docur | ment/registration number of this 578 | limited liability company | OV 21 PH 4: HASSEE, FLORE |
| 4. I, GRIGORE | LAZAR | , hereby resign as a MG | RM 🧖 💂 |
| (Print Na | me of Person Resigning) | · · · · · · · · · · · · · · · · · · · | (Print Title) |
| resignation in writ | lity company and affirm the liming. ing. ning Member, Managing Memb | | been notified of my |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |