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B. BOSTICK

JAN 1 4 2014

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOUTHWINGS INVESTMENTS, LLC. (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to:	
ANA FARJE	
(Contact Person)	
(Firm/Company)	
11420 N. Kendall Dr. Svite 207	
(Address)	
Mami, FL. 33176 (City/State and Zip Code)	\$ 50 mm
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (786) 444 - 9526 (Area Code & Daytime Telephone No.	age a
(Name of Contact Person) (Area Code & Daytime Telephone No	umber)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CRASSOCIO (12/12) MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, Florida 32	ns
Notary Public State of Florida Dorys Quintana My Commission EE 204062 Expires 05/31/2016	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as			ment
of State is:	SOUTHWINES INV	ESTMENTS, LLC		 ·
	ument/registration number o	f this limited liability com	pany is:	
3. The date this me	ember withdrew or will with	draw is: January 7	1th, 2014	
4. I, ANA M. FARJE, hereby resign as a MAN (Print Name of Person Resigning) (F				
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compan	y has been notified o	f my
Signature of Ro	esigning or Dissociating/Ma	nager, Member		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			2814 JA.S
		January Notary Public State of Florida Dorys Quintana My Commission EE 204062 Expires 05/31/2016	3014 <u>\$1.</u> \$ 15.	1-9 PH 4:24
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