

L12 000019748

(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:

Office Use Only



900265400899

10/16/14--01015--023 \*\*60.00

FILED  
14 OCT 16 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARM  
102814

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Compass Investment group I  
(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:

Julina Dorval  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

5260 SW 131 Terr  
(Address)

Miami FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julina Dorval at (786) 546 5129  
(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

☐ \$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

**FILED**  
14 OCT 16 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



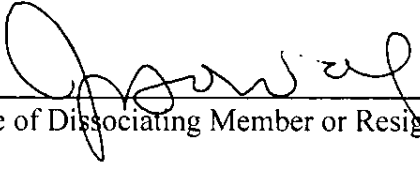
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: COMPAS INVESTMENT GROUP I
2. The Florida document/registration number assigned to this limited liability company is:  
L12000019748
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2014
4. I, JULINA DORVAL, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
14 OCT 16 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA