## L12000046562

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(Address)				
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B. BOSTICK

JAN 2 7 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	vestments LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	matter to:
LISA Lanza, 8 (Contact Person)	sq ,
Melissa P. Lanza (Firm/Company)	
104 Crandon Bl	1., Suite 420 Million 18
Ky Biscayne CE (City/State and Zip Code)	_33149 BSS
For further information concerning this matter, p	please call:
Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th  □ \$25 Filing Fee	ne Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee Florida 30314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as	it appears on the records of	f the Florida Department
of State is:	Cup Invoto	nents, LLC	, · .
	lity company was organized		OH Ja. 22 F
	ment/registration number of 0046562	this limited liability compa	any is: 90 06
4. I, Agus	in De Urtubey ame of Person Resigning)	, hereby resign as a	Managing Member (Prini Tide)
of this limited liab	oility company and affirm the	e limited liability company	has been notified of my
Signature of Resignature	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		