L1200049305

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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MAR 15 2013 D. BRUCE

COVER LETTER

_{SUBJECT:} InvestLink II, LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L12000049305		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne following:	
Sandrine Polosson		
Name of Person		
InvestLink II, LLC	,	
Name of Firm/Company		
540 West Ave, 1614		
Address		22
Miami Beach, FL 33139	, A.S. E.S. E.S. E.S. E.S. E.S. E.S. E.S.	2013 MAR 14
City/State and Zip Code	AS AS	>0
omega.accounting@gmail.com	7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	
E-mail address: (to be used for future annual report notification)	25	(
For further information concerning this matter, please call:	ATE .	PM :: Ot
Sandrine Polosson at 305	582 5569	
Name of Person Area Code	& Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416	(2) or 608.509, Florida Sta	ututes, the undersigned,	
Sandrine Polosson Name of Registered Agent			, hereby resigns as	
		nt		
Registered Agent for	InvestLink	II, LLC		
	Name of Lim	nited Liability Company	,	
L12000049305				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liabilit	ty company at its last known address.	
The agency is terminated	d and the office disco	Signature of Resigning Agen	ter the date on which this statement is filed.	
If signing on behalf of a	n entity:			
	Т	yped or Printed Name		
		Capacity .	2019 HAR 14 CALLARASSE	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314