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SECRETARY OF STATE
APPLICATION

**S Warren** APR 2 5 2017

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: ALBERTI TNUESTMENT LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing	ıg.
Please return all correspondence concerning this matter to:	
ALBERTI Julio (Contact Person)	
(Contact Person)	
ALBERT, INVESTMENT (Firm/Company)	
(Firm/Company)	
3660 SW 132 AVE	
(Address)	
3660 SW 132 AVE  (Address)  M14M1, EL. 33175  (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ALBERTI Julio at 305 298-247  (Name of Contact Person) (Area Code & Daytime Telephone N	/
(Name of Contact Person) (Area Code & Daytime Telephone N	lumber)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \frac{1}{2}\$\$ \$25 Filing Fee \$\sum \text{Certified Copy}\$	
STREET/COURIER ADDRESS: MAILING ADDRESS	S:
Registration Section Registration Section	
Division of Corporations  Clifton Building  Division of Corporation  P.O. Box 6327	JHS
2661 Executive Center Circle Tallahassee, Florida 3	2314
Tallahassee, Florida 32301	,,



## 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 co	ompany as it appears or	the r	ecords of the Florida Department		
of State is:	ALBERTI	INVESTMEN	17_	LLC.		
2. The Florida doci	ıment/registration	number assigned to this	s limi	ted liability company is:		
L1200	100 70 663	·				
3. The date this me	mber/manager wit	thdrew/resigned or will	witho	draw/resign is: 4/15/17		
4. I, RODE 160EZ MEDENOS, Alexis R., hereby withdraw/resign as a (Print Name of Person Resigning)						
MER	2					
(Print Title)						
of this limited lia resignation in wr		d affirm the limited liab	ility o	company has been notified of my		
100	· · · · · · · · · · · · · · · · · · ·			_		
Signature of Di	ssociating Membe	er or Resigning Manage	r			
				₩		
Filing Fee:	\$25.00 (Requir	red)				
Certified Copy:	\$30.00 (Option	nal)		全帝 第 刊		