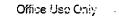
130003198

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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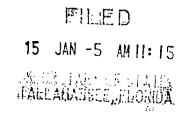
COVER LETTER

TO: **Registration Section Division of Corporations JNVEST MENT LLC
(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: For further information concerning this matter, please call: (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)





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: NEW INVESTIGENT LLC
2. The Florida document/registration number assigned to this limited liability company is:
L 12 0000 751 98
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2011
4. I, Nonique Gui Gui, hereby withdraw/resign as a (Print Name of Person Resigning)
TAWAGER (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)



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PALLABASSEE 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:	ER INVESTIGNT LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 120	00075198
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/31/2014
4. I, NONL'QU (Print No.	E GU' GU', hereby withdraw/resign as a ame of Person Resigning)
	GER. (Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	Sh.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)