

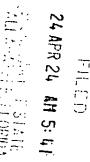
(Requ	estor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

то:	_	stration Section ion of Corporations					
SUBJI	FCT:	MEMBER RESIGNATION					
., ., ., .		(Name of Limited Liability Company)					
The en	closed	I member, resignation or diss	sociation ar	id fee(s) are submitted for filing.		
Please	return	all correspondence concern	ing this ma	iter to			
RAUL.	LSOCO	PRRO HERRERA					
		(Contact Person)					
8955 EI	DGEW.	ATER INVESTMENT LLC					
		(Firm/Company)			_		
2645 E	XECUI	TVE PARK DRIVE, STE 132					
		(Address)			_		
WEST)N, FL	33331					
		(City/State and Zip Code)			→		
For fur	rther ii	nformation concerning this n	natter, pleas	se call	:		
RAUL.	LSOCC	ORRO HERRERA	95- at (8549525		
	(N	ame of Contact Person)			e & Daytime Telephone Number)		
Enclos □ \$25		ase tind a check made payab 3 Fee	ole to th∉ Fl ☑ \$5	orida 5 Filir	Department of State for: ng Fee & Certified Copy		
	Regis	ng Address: stration Section			Street Address: Registration Section		
	P.O.	sion of Corporations Box 6327 hassee, FL 32314			Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		

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)

8955	limited liability company as	s it appears on the records of	the Florida Department
2. The Florida doct	ument/registration number a	ssigned to this limited liabili	ty company is:
NORA HERRE	PA DE SOCORRO	signed or will withdraw/resig, hereby withdraw/resig	
MEMBER	ame of Person Resigning) (Print Title)		
of this limited lia resignation in wr		ne limited liability company l	has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	24 APR 24
~	\$25.00 (Required) \$30.00 (Optional)		# ## 5: 4 # 5: 4