12000104417

(Requestor's Name)		
(Noquestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Only Suita Ziph Holie h)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Catification of Outro		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
, , , , , , , , , , , , , , , , , , ,		
OCT 2 6 2012		
L. SELLERS		
L. SELLEIN		

Office Use Only



100241063601

10/25/12--01024--018 **25.00

12 OCT 25 PM 12: 07
SECRETARY OF STATE
OF THE ABOVE AND ABOVE AND

COVER LETTER

TO: Registration Section Division of Corporations	
EMSN Investing LLC	
SUBJECT:	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Mauricio Lopez	
(Contact Person)	
EMSN Investing LLC	
(Firm/Company)	-
11950 SW 31st Place	
(Address)	
Davie,FL 33330	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Mauricio Lopez	at (954)_593-0595
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
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	• •



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 lime EMSN of State is:	ited liability company as investing LLC	it appears on the records	of the Florida Department	
2. This limited liability Florida	company was organized	l under the laws of:	•	
3. The Florida docume L12000104417	_	f this limited liability com	pany is:	
_{4. I} Șergio Lopez		, hereby resign as a	Member	
•				
resignation in writing		e limited liability compan	ny has been notified of my	
Sins	ng Member, Managing M	<i>(</i>)		
Signature of Resignii	ngimember, managing iv	tember or Manager	·	
Filing Fee: S Certified Copy: S	\$25.00 (Required) \$30.00 (Optional)		12 OCT 25 PH	\$00 1

CR2E079 (5/06)