

L12000153963

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: consulting@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LM AMAZON INVESTMENTS, LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LM AMAZON INVESTMENTS, 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:

CAROLINE LARSON

(Contact Person)

LARSON ACCOUNTING AND CONS SVS LLC

(Firm/Company)

7901 KINGSPORTE PKWY STE 17

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE LARSON

(Name of Contact Person)

at ( 407 ) 370-3686

(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: LM AMAZON INVESTMENTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000153963

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/16/2016

4. I, LIVIO B CERIBELI, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:  
  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)