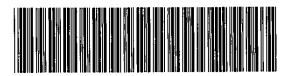
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



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3.31.25 FH 5:29



COVER LETTER

TO: Registration Section Division of Corporations

EQUINOXIO INVESTMENT LLC

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BETTY PEREZ

(Contact Person)

EQUINOXIO INVESTMENT LLC

(Firm/Company)

6549 CREEKVIEW TERR N

(Address)

PINELLAS PARK, FL 33781

(City/State and Zip Code)

For further information concerning this matter, please call:

BETTY PEREZ

at (727) S20-60/2 OR (Area Code & Daytime Telephone Number)

(Name of Contact Person)

727557.4767

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:

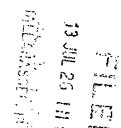
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



	e limited liability company as QUINOXIO INVESTMEN	* =	of the Florida Department
2. This limited lial STATE OF	pility company was organized FLORIDA	under the laws of:	
3. The Florida doc <u>L13000010</u>	ument/registration number of	f this limited liability comp	oany is:
4. I, MARK C	ARDENAS Name of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
of this limited lia resignation in w	bility company and affirm the		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		



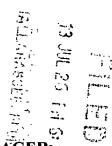


		mited liability company as INOXIO INVESTMEN	s it appears on the records on the records on the records of the contract of t	of the Florida Department
	is limited liabili	ty company was organized ORIDA	d under the laws of:	
	e Florida docum .1300001044	•	of this limited liability com	pany is:
4. I.	WILSON C	ARDENAS	, hereby resign as a _	MGRM
, _		ne of Person Resigning)	,······	(Print Title)
resi	gnation in writi		ne limited liability company Member or Manager	y has been notified of my
Filing		/		



1. The name of t	he limited liability company as it	t appears on the records	of the Florida Department
of State is:	QUINOXIO INVESTMENT	LTC	
2. This limited li	iability company was organized u	under the laws of:	
STATE O	F FLORIDA		
		'	
	ocument/registration number of t	this limited liability comp	pany is:
L1300001	0444	•	
4. I, GEORG	GE CARDENAS	, hereby resign as a _	MGRM
(Prin	nt Name of Person Resigning)		(Print Title)
of this limited	liability company and affirm the	limited liability company	y has been notified of my
resignation in	writing.		
1		/	
	10 / my b	(a. (a)	
Signature of R	esigning Member, Managing Me	ember or Manager	
		•	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		•





·
of my



	limited liability company as i		of the Florida Department
2. This limited liab	ility company was organized FLORIDA	under the laws of:	
3. The Florida doct L130000104	ument/registration number of	this limited liability com	pany is:
4. I, ALBA VA	SQUEZ	, hereby resign as a _	MGRM
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	• • •		