## L13 000011295

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(City	//State/Zip/Phone	e #)
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

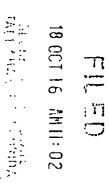
Office Use Only



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## **COVER LETTER**

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Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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:	DAMOR IN	VEST MENTS, LA	C.
113	000011295		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:	1/5/201
4.1, Adal	MOrales Jame of Person Resigning)	, hereby withdraw/resign as a	
	BR		
	(Print Title)		
of this limited lia	• •	e limited liability company has been not	ified of my
(ille	Williams		78.00 100 100
Signature of Di	issociating Member or Resigr	ning Manager	F1
	\$25.00 (Required)		0 1-
Certified Copy:	\$30.00 (Optional)	٠ <u>ئى</u>	BE