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(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	· e #)	
PICK-UP	☐ WAIT	MAIL	
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AUG 1.2 2014

C. CARROTHERS

COVER LETTER

SUBJECT: CHRISTOWIKOS INVESTMENT COMPANY, U.C.

(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:

Emilia Pojas
(Contact Person)

Emilia Pealty Grap.

(Firm/Company)

13500 N. Kundall Drive (88 st.) suite 277

Mami FL 33 | 8 b

For further information concerning this matter, please call:

Emilia Pojas
(Name of Contact Person)

at (78b) 4884967
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

2555 Filing Fee

S55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section

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

CR2E079 (2/14)

TO:

Registration Section
Division of Corporations



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)

		ippears on the records of the FI		
L13000	011897	ned to this limited liability con		
3. The date this mem	nber/manager withdrew/resigne	ed or will withdraw/resign is:	128/1014	,
IT TMILL	. 11/04 6. 4	_, hereby withdraw/resign as a		
Title:	Manager. Print Title)			
of this limited liabi	• •	mited liability company has be	en notified of my	y
Signature of Diss	sociating Member or Resigning	g Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		JUL 31 AM	