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/D	unakada NassaV		
(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Doc	ument Number)		
Certified Copies	Certificates	s of Status	
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13 MAY 23 PM 1:37

MAY 24 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SPHERE INVESTMENT LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Hugo R de Castro Wille

(Contact Person)

(Firm/Company)

10621 Golden Cypress Ct

(Address)

Orlando, Fl 32836

(City/State and Zip Code)

For further information concerning this matter, please call:

Hugo Wille

(Name of Contact Person)

at $(\frac{407}{\text{(Area Code & Daytime Telephone Number)}})$

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

O This limited that the		2813 MAY
This limited liability company was organized Florida	under the laws of:	MAN 23
3. The Florida document/registration number of L13000017124	this limited liability company is	7
4. I. LILIAN C LOPERGOLO	, hereby resign as a MGRN	И
(Print Name of Person Resigning)		(Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company has b	een notified of my

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)