## L130000 32432

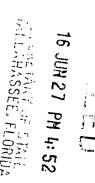
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Florida Investmen

SUBJECT:	Florida Investments Network LLC			
	(Name of	Limited Liability Co	ompany)	
The enclosed	d member, resignation or dis	sociation and feet	(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to	:	
Lawrence (	C Demers			
	(Contact Person)		<del></del>	
Florida Inve	estments Network LLC			
	(Firm/Company)			
18033 Edg	ewater Dr			
	(Address)		<del></del>	
Port Charlo	otte, FL 33948			
	(City/State and Zip Code)		<del></del>	
For further in	nformation concerning this r	natter, please call	:	
Lawrence (	C Demers	941 at (	249-2468	
(N	lame of Contact Person)	<del></del>	e & Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payat g Fee		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Division of C			Division of Corporations	
Clifton Build	ing		P.O. Box 6327	

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	e limited liability company as	s it appears on the records of the Florida Departme	nt
of State is:	DRIDA INVESTMENTS NE	ETWORK LLC	
	cument/registration number a	assigned to this limited liability company is:	e de la companya de l
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is: 07/01/2016	_ 7
4. I,	RS	, hereby withdraw/resign as a	T. Marie
(Print)	Name of Person Resigning)		
MEMBER			
	(Print Title)		
resignation in w	riting	he limited liability company has been notified of m	ıy
Signature of D	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		