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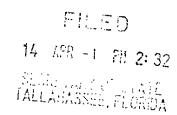
APR 09 2014 R. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDOMA INVESTMENTS LLC	
(Name of Limited Liability C	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	<b>)</b> :
Peter J. Vasti, Esq.	
(Contact Person)	<del>_</del>
DiVito & Higham, P.A.	
(Firm/Company)	<del></del>
4514 Central Avenue	
(Address)	
St. Petersburg, FL 33711	
(City/State and Zip Code)	
For further information concerning this matter, please cal	1:
David Bergen 727	360-6927
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  ■ \$25 Filing Fee  □ \$55 Filing	Department of State for: ng 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 (2/14)





## 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 th	e limited liability company as it appears on the records of the Florida Depart	tment
of State is: FLC	DRIDOMA INVESTMENTS LLC	
2. The Florida doo	cument/registration number assigned to this limited liability company is:	
L1300006153	31	
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is: $\frac{3}{260}$	<u>£</u>
4. I,	rgen hereby withdraw/resign as a	
(Print	ngen , hereby withdraw/resign as a Name of Person Resigning)	
Vice Preside		
	(Print Title)	
resignation in w	2 Drue	of my
Signature of E	dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	