113000124789

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COVER LETTER

~	stration Section tion of Corporations		
SUBJECT:	Activation Investment Group	LLC	
o botte i.	(Name of Limi	ited Liability Cor	npany)
The enclosed	I member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning t	this matter to:	
Juan D Ang	gel		
	(Contact Person)		_
Activation I	nvestment Group LLC		
	(Firm/Company)		_
399 E Burle	eigh Blvd #1081		
	(Address)		_
Tavares, Fl	L 32778		
	(City/State and Zip Code)		_
For further in	nformation concerning this matte	r, please call:	
Juan D Ang	gel	407	591-2419
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		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 the limited liability company as it appears on the records of the Florida Department
of State is: ACTIVATION INVESTMENT GLOUP LLC
2. The Florida document/registration number assigned to this limited liability company is:
L13000124789
3. The date this member/manager withdrew/resigned or will withdraw/resign is: AUG-31-2016
4. I, DIANA M. VANESAS, hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGING HEMBER
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Diane Van 1
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)