113000)124789

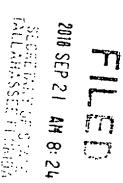
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	me)
. (Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D RRUCE SEP 22 2018

COVER LETTER

TO: Registration Section Division of Corporations	:				2
SUBJECT: Activation Investment Gr	oup LLC				
	Limited Liability Co	mpany)	_		
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to:				
Juan D Angel					
(Contact Person)		_			
Activation Investment Group LLC					
(Firm/Company)					
399 E Burleigh Blvd #1081			5	2018	-
(Address)		_		43S	
Tavares, FL 32778			18.51 18.51	21	1
(City/State and Zip Code)		_	77 (T	F	
For further information concerning this r	matter, please call:			8: 24	3
Juan D Angel	407	591-2419	·• · · .		
(Name of Contact Person)	 '	e & Daytime Telephone Number;	<u> </u>		
Enclosed please find a check made payat \$25 Filing Fee		Department of State for: g Fee & Certified Copy			
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314			

Tallahassee, Florida 32301

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 ap	pears on the r	ecords of the Flo	orida Department	
of State is: ACT	TVATION INUESTHEAT	600p	ILC		
2. The Florida docu	ment/registration number assign	ed to this limi	ted liability com	npany is:	
T 13 000 1	24789	_••			
3. The date this me	mber/manager withdrew/resigner	d or will witho	fraw/resign is: _f	AUG-31-2018	
	NALANJO ume of Person Resigning)	_, hereby with	draw/resign as a		
	6 NEMBER				
	Print Title)				
of this limited lial resignation in wri	oility company and affirm the limiting.	sited liability o	company has bee	en notified of my	
Dho	has (D)			LAHA SEP	ï
Signature of Di	ssociating Member or Resigning	Manager	_	21	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		·	## 8: 24 FLOSIO	