L13000132946

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FULL TILT INVESTMENTS, 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:

LISSETE HERNANDEZ	_
(Contact Person)	
(Firm/Company)	_
18011 N.W. 85TH AVE.	. حظم
(Address)	
HIALEAH, FL. 33015	The control of the co
(City/State and Zip Code)	
For further information concerning this matter, please call:	***
ERIC RODRIGUEZ at 786	444-4070
(Name of Contact Person) (Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

/

\$25 Filing Fee

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

□ \$55 Filing Fee &

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

		it appears on the records of the	ne Florida Department
of State is:	FULL TILT INV	ESTMENTS, LLC.	
	oility company was organized		TARELS AND THE
	ument/registration number of 13000132946	this limited liability company	/ is:
1. 1,	ORGE MORALES Jame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited lia resignation in wr	• •	e limited liability company ha	s been notified of my
Signature of Res	ghing Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		