

L13000169450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

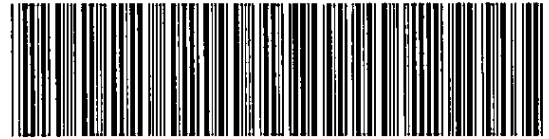
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500345577985

06/01/20--01030--023 \*\*30.00

FILED  
CLERK OF STATE  
CORPORATIONS  
JUN 01 PM 3:33

Association  
of  
Member

JUN 24 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FGM INVESTMENTS GROUP LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Felipe Munoz

\_\_\_\_\_  
(Contact Person)

Alliance Title & Escrow Group LLC

\_\_\_\_\_  
(Firm/Company)

20900 NE 30th Ave Suite 817

\_\_\_\_\_  
(Address)

Aventura, FL 33180

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Felipe Munoz at (786) 239-9236  
\_\_\_\_\_  
(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

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JUN - 1 PM 3:28  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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: FGM INVESTMENTS GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000169450

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2020

4. I, JUAN C GAVIRIA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGMR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
STATE  
DIVISION OF CORPORATIONS  
20 JAN 1 PM 3:38