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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIGO AND COMPANY

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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 recor	ds of the Florida Department
of State is:	525 Investo	nenta UC.	•
2. The Florida docu	ment/registration numbe	r assigned to this limited	liability company is:
_L140000	06831		
3. The date this me	mber/manager withdrew/	resigned or will withdraw	rresign is: <u>September</u> 14,2016
		, hereby withdrav	
Managi	(Print Title)		
of this limited liab resignation in wri		the limited liability com	pany has been notified of my
Ueneu	Fdez,		
Signature of Ibi	Fde2, ssociating Member or Re	signing Manager	ÎG SE SECREI ALLAH
Filing Fee:	\$25.00 (Required)	·	
Certified Copy:	\$30.00 (Optional)		LED 4 MI 8:58 FOFSTATE EE, FLORIDA

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