## L1400079079

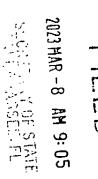
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5/17/23 V:W



## **COVER LETTER**

TO:	-	stration Section ion of Corporations					
SUBJ	ECT:	18RM INVESTMENTS LLC					
		(Name of Limited Liability Company)					
The e	nclosec	l member, resignation or dissocia	tion and fee(	s) are submitted for filing.			
Please	e return	all correspondence concerning t	his matter to:				
YAMI	LE MO	NTERO					
		(Contact Person)		_			
18RM	INVES	TMENTS LLC					
-		(Firm/Company)		_			
770 PC	ONCE D	E LEON BLVD, SUITE 305					
		(Address)		_			
CORA	L GABI	LES, FL 33134					
•		(City/State and Zip Code)		_			
For fu	rther ir	nformation concerning this matter	r, please call:				
YAMI	LE MO		305 at (	505-6419 )			
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
	sed ple 5 Filing	ase find a check made payable to ; Fee		Department of State for: g Fee & Certified Copy			
	Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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)

	limited liability company as	it appears on the records of the	Florida Departr	nent
		signed to this limited liability ed	ompany is:	<u> </u>
DDM EAMILY 1	PDIICT	gned or will withdraw/resign is		2
(Print No.		, hereby withdraw/resign as	s u	
	Print Title)  pility company and affirm the ting.	e limited liability company has b	been notified of 2023 HAR SECRE	my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ning Manager	AR -8 AM 9:0 ELEAY OF STAT LABASSEELFL	