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SECRETARY OF STATE
TALL AHASSEF. FLORIDA

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D. BRUCE NOV 30 2016



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office	Use	Only		

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME)		ated Investments of Florida La (DOCUMENT#)		
2. (CORPORATE NAME)		C1400087425 (DOCUMENT#)		
3.		SECRETARY OF TALLIAHASSEE		
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	Certified	(DOCUMENT #) RETARY (OF STATE COPY Certificate LORIDA		
	Certified	Copy Certificate of Status CORIDA		
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Examiners Initials



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 a	appears on the records of the	e Florida Departir	ent
of State is:	legasus Consolio	bled Javestma	ents of Floris	bar Le
	ment/registration number assignment/registration number assignment			
414000	087425			
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign	n is: 160 28,	2016
4. I, Alfredo (Prins N	Fevveiro Jame of Person Resigning)	, hereby withdraw/resig	gn as a	
MGR	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	y has been notifi	ed of my
Oex	lecs Jenio.		TA (c. pa	
Signature of Di	ssociating Member or Resig	ning Manager	ECORE N	فسقين
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2016 MOV 29 A 8 4 SECRETARY OF STATE ALLAHASSEE, FLORID	FILED