

L14 0000 89926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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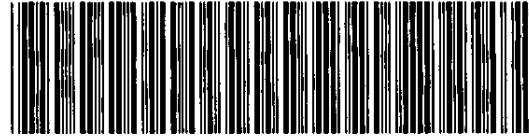
(Business Entity Name)

(Document Number)

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AUG 19 2014
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shibi All Day Investments, 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:

Siobhan M. Browne

(Contact Person)

SHIBI ~~Invest~~ All Day Investments LLC
(Firm/Company)

4001 Linton Blvd Suite #485
(Address)

Delray Beach FL 33445.
(City/State and Zip Code)

For further information concerning this matter, please call:

Siobhan M. Browne

(Name of Contact Person)

at (561) 573-1663
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32301

Tallahassee, Florida 32314

140101



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: Shibi All Day Investments, LLC.

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

L14000089926.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/04/2014

AV Av Vecchio

4. I, Av Vecchio, hereby withdraw/resign as a

(Print Name of Person Resigning)

Vice President

(Print Title)

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

Av Vecchio 8/4/14

Signature of Dissociating Member or Resigning Manager

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16 AUG 11 PM 2:46
TALLAHASSEE, FL 32301