114000116989

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_	WAIT	, MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

O SIMMONS





June 4, 2018

JOSEPH RODRIGUES 6615 APACHE BLVD LOXAHATCHEE, FL 33470

SUBJECT: FAIR CAPITAL INVESTMENTS, LLC

Ref. Number: L14000116929

We have received your document for FAIR CAPITAL INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00011471

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	FAIR CAPITAL INVEST	MENTS, LLC	
COBULCT.	(Name of	Limited Liability Con	npany)
The enclosed	d member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
JOSEPH R	RODRIGUES		
	(Contact Person)		-
	(Firm/Company)		-
6615 APAC	CHE BLVD		
	(Address)		-
LOXAHAT	CHEE, FL 33470		
	(City/State and Zip Code)		-
For further in	nformation concerning this n	natter, please call:	
JOSEPH R	RODRIGUES	954 at (600 0168
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payabg Fee		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of (Section Corporations		Registration Section Division of Corporations
Clifton Build	ding		P.O. Box 6327
	ive Center Circle Florida 32301		Tallahassee, Florida 32314

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)

1. The name of the	limited liability company as it	appears on the records of the l	Floride Department
	R CAPITAL INVESTMENTS		FLOR FLOR
2. The Florida doc	untent/registration number assi	gned to this limited liability co	mpany is:
L1400011692	9		
3. The date this me	mber/manager withdrew/resig	ncd or will withdraw/resign is:	05/25/2018
4. I. MARCELO N	MENEZES MARTINS	, hereby withdraw/resign as	a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as	
AMBR			
	(Print Title)		
of this limited lia resignation in wr		limited liability company has b	een notified of my
	ل.		
Signature of Di	issociating Member or Resigni	ng Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		