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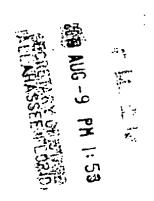
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER.

Registration Section

TO:

All Soft **Division of Corporations** INVERMOL LLC SUBJECT: (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: ISIS ISABEL (Contact Person) H & I TAX INVESTMENT CORP (Firm/Company) 1860 N PINE ISLAND RD STE 111/112 (Address) PLANTATION, FL, 33322 (City/State and Zip Code) For further information concerning this matter, please call: ISIS ISABEL 954 476-7100 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FREE FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc	iment/registration number assigned to this limited liability company is:
L 1400013479	9
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I.	ONTILVA DAVILA, hereby withdraw/resign as a, hereby withdraw/resign as a
MGR	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my
4	16nt)_
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)