L14000190599

| (Re | equestor's Name) | <u> </u> | | |
|---|------------------------|----------|--|--|
| (Ad | ddress) | | | |
| (Ad | ddress) | | | |
| (Ci | ity/State/Zip/Phone #) | | | |
| PICK-UP | WAIT [| MAIL | | |
| (Bi | usiness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of St | atus | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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2015 DEC -8 PH 1:56

DEC O 9 2015 J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--------------------|--|
| SUBJECT: L G N A INVESTMENTS L | | |
| (Name of Li | mited Liability Co | ompany) |
| The enclosed member, resignation or dissoc | ciation and fee | (s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to | : |
| ARMANDO CAMARGO | | |
| (Contact Person) | | _ |
| | | |
| (Firm/Company) | | |
| 230 CHESHIRE WAY | | |
| (Address) | | _ |
| DAVENPORT FL 33897 | | |
| (City/State and Zip Code) | | _ |
| For further information concerning this mat | ter, please call | : |
| ARMANDO CAMARGO | 305 | 244 6096 |
| (Name of Contact Person) | ` \ | e & Daytime Telephone Number) |
| Enclosed please find a check made payable ☐ \$25 Filing Fee | | Department of State for: g Fee & Certified Copy |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Section Division of Corporations | | Registration Section Division of Corporations |
| Clifton Building | | P.O. Box 6327 |
| 2661 Executive Center Circle | | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | | |

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2015

ARMANDO CAMARGO 230 CHESHIRE WAY DAVENPORT, FL 33897

SUBJECT: L G N A INVESTMENTS LLC

Ref. Number: L14000190599

15 DEC -8 PH 4: 55

We have received your document for L G N A INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 115A00024412

note: The check was send to you \$35.07 original application



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 a | is it appears on the records of the | : Florida Department | |
|-----------------------------------|--|--------------------------------------|----------------------|---|
| 2. The Florida doc- | | assigned to this limited liability c | company is: | |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/resign is | s: | |
| 4. I, ARMANDO (Print A (Print A) | CAMARGO Tame of Person Resigning) (Print Title) bility company and affirm the street of the stree | , hereby withdraw/resign a | as a | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 2015 DEC -8 PH 1: 5 | mari in granama granam granama granama granama granama granama granama granam granam granam granam granam granam granam granam granam granam granam gr |

CR2E079 (2/14)