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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	FARAJ INVESTMENTS, L	.LC.	
	(Name of L	imited Liability Com	pany)
The enclosed	l member, resignation or disso	ciation and fee(s)	are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
KARLA M.	ANDONIE		
	(Contact Person)		
	(Firm/Company)		
9600 NW 3	8TH STREET. SUITE 211		
	(Address)		
DORAL, FL	. 33178		
	(City/State and Zip Code)		
For further in	nformation concerning this ma	tter, please call:	
KARLA M.	ANDONIE	786	260-3254
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable ; Fee		epartment of State for: Fee & Certified Copy

## STREET/COURIER ADDRESS:

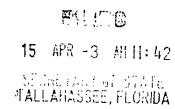
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
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	e limited liability company as it appears on the records of the Florida Department
of State is:	RAJ INVESTMENTS, LLC.
2. The Florida do	cument/registration number assigned to this limited liability company is:
3. The date this n	tember/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>KARLA M.</u>	
MANAGER	
resignation in	me pouce
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Ontional)