## L15000012914

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(Cit	ty/State/Zip/Phon	e #)
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SECULIARY OF CORPORATIONS DIVISION OF CORPORATIONS

2.1.30.15

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

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SUBJECT: Peterson Investment Group,	LLC	
	ited Liability Cor	mpany)
The enclosed member, resignation or dissociation	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
John W. Peterson		
(Contact Person)		_
Peterson Investment Group		
(Firm/Company)		_
385 Alexandria Blvd, Suite 2		
(Address)		<del>-</del>
Ovieo, FL 32765		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
John W. Peterson	407	417-1174
(Name of Contact Person)	\	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
- ···· — ···························		DON 0527

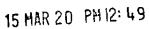
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301







## 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)

	e limited liability company as it appears on the records of the Florida Department erson investment Group, LLC
2. The Florida doc L1500001291	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Mark Peters	on, hereby withdraw/resign as a
(Print)	Name of Person Resigning)
Mgr	
	(Print Title)
of this limited lia resignation in wi	ability company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)