## L500020736

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)	···		
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000280118800

01/06/16--01006--023 \*\*25.00

16 JAN -6 PH 2: 58
SECTION OF STATE
TALLANDESSEE IT FOR STATE

JAN 0 7 2016 S. YOUNG

## **COVER LETTER**

Registration Section

Division of Corporations
SUBJECT: LJ Investment Solution LC (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:
Allen Falk PA (Contact Person)
Allen Falk PA (Firm/Company)
507 N Dixie Hwy
City/State and Zip Code)
For further information concerning this matter, please call:
Astrid Jean at (5761) 493-92 07 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\subseteq \\$25 \text{ Filing Fee & Certified Copy}\$\$

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Division of Corporations - Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:



## 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 compar	- ,		_	ent
of State is:	J INVE	stment	Solution	LLC	_ <b>·</b>
2. The Florida docu	ment/registration numb	er assigned to the	his limited liability c	company is:	
L 15000	1020736	·			
3. The date this men	mber/manager withdrev	v/resigned or wi	ll withdraw/resign is	: 12/21/20	_///
4. I, <u>Rodolf</u> (Print No.	HE JOZIE  ame of Person Resigning)	, herel			
Title	MANA GER Print Title)	<del>_;</del>			
of this limited liab	oility company and affir		ability company has	been notified of m	ıy
resignation in wri	ting.	•			17
E Dwy	0_				Tá
Signature of Dis	ssociating Member or R	tesigning Manag	ger	PEOR S	3
				\$ 5 5	
Filing Fee:	\$25.00 (Required)			₩	
Certified Conve	\$30.00 (Ontional)		•		