LIS000022122

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			





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D. SCOTT DEC 2 0 2016

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	ECT: Burg Investments, LL (Name of Limited Liability C	ompany)
The en	aclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please	return all correspondence concerning this matter to	o:
	Ken Wazyniak (Contact Person)	
-	Burg Investments LLC (Firm/Company)	
	1010 Central Ave #311 (Address)	SECRE FALLA
	St. Petersburg, FL 33705 (City/State and Zip Code)	PILED BEC 19 PH 3: 16 CARETARY OF STATE LAHASSEE, FLORIDA
For fu	rther information concerning this matter, please cal	I: STATE TO THE
	Ken Wazyniak at (813 (Name of Contact Person) (Area Co	
	sed please find a check made payable to the Florida Filing Fee \$55 Filing	Department of State for: ng Fee & Certified Copy
Regist Division Clifton	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallah	assee, Florida 32301	

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	limited liability company	as it appears on the records	of the Florida Department
of State is:	Burg Investmen	nts, LLC	•
2. The Florida docu	ment/registration numbe	er assigned to this limited liab	ility company is:
	L1500	<u> </u>	
3. The date this me	mber/manager withdrew/	resigned or will withdraw/res	sign is: 4/31/2016
4. I, Porch	Life LLC ame of Person Resigning)	, hereby withdraw/re	sign as a
	DET Print Title)	-	
of this limited lial resignation in wri	• • •	n the limited liability compan	y has been notified of my
Tesignation in will	ung. zur Zittell		FIL SECRETA TALLAHA
Signature of Di	ssociating Member or Re	signing Manager	NO PROFESSEE H
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		3: 16 STATE LORIDE