

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

Office Use Only



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COVER LETTER

| | stration Section sion of Corporations | | | |
|-------------------------------|--|----------------------|--|--|
| SUBJECT: | PATRUMIN INVESTME | NTS, LLC | | |
| | (Name of Limited Liability Company) | | | |
| The enclosed | d member, resignation or dis | sociation and fee(| s) are submitted for filing. | |
| Please return | all correspondence concern | ing this matter to: | | |
| SAM DEDI | 0 | | | |
| | (Contact Person) | | - | |
| | | | _ | |
| | (Firm/Company) | | | |
| 3811 AIRP | ORT ROAD SUITE 201A | | | |
| 1-1-1-1 | (Address) | | _ | |
| NAPLES, F | L 34105 | | | |
| | (City/State and Zip Code) | | _ | |
| For further in | nformation concerning this n | natter, please call: | | |
| SAM DEDI |) | 973 at (| 767-8337 | |
| (N | ame of Contact Person) | | & Daytime Telephone Number) | |
| Enclosed ple \$25 Filing | ase find a check made payab ; Fee | | Department of State for: 3 Fee & Certified Copy | |
| | OURIER ADDRESS: | | MAILING ADDRESS: | |
| Registration Division of C | | | Registration Section Division of Corporations | |
| Clifton Build | ling | | P.O. Box 6327 | |
| | ive Center Circle Florida 32301 | | 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)

| of State is: 2. The Florida document/registration number assigned to this limited liability company is: L15000069376 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, MARC D. SAURBORN (Print Name of Person Resigning) MEMBER (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
|--|
| L15000069376 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, MARC D. SAURBORN (Print Name of Person Resigning) MEMBER (Print Title) of this limited liability company and affirm the limited liability company has been notified of my |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, MARC D. SAURBORN (Print Name of Person Resigning) MEMBER (Print Title) of this limited liability company and affirm the limited liability company has been notified of my |
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| of this limited liability company and affirm the limited liability company has been notified of my |
| (Print Title) of this limited liability company and affirm the limited liability company has been notified of my |
| of this limited liability company and affirm the limited liability company has been notified of my |
| resignation in writing |
| / / / / / / / / / / / / / / / / / / / |
| Signature of Dissociating Member or Resigning Manager |
| Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional) |