

L15000083562

(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



400306903134

12/22/17--01026--007 \*\*25.00

FILED  
17 DEC 22 PM 2:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 26 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVESTMENTS PH, LLC.

(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:

RICARDO E. PINES, ESQ.

(Contact Person)

RICARDO E. PINES, P.A.

(Firm/Company)

3301 PONCE DE LEON BLVD., SUITE 200

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

RICARDO E. PINES, ESQ.

305

461-5757

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



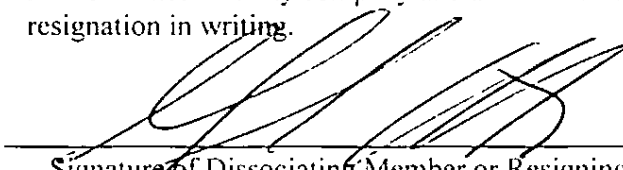
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: INVESTMENTS PH, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000083562
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-21-17
4. I, WASABI INTERNATIONAL, LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER AND MEMBER  
*(Print Title)*

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 Copy: \$30.00 (Optional)

FILED  
17 DEC 22 PM 2:22  
DIVISION OF CORPORATIONS  
FLORIDA