LISECCIOGES

(Requestor's Name) (Address)	500276894595
(Address)	000270001000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/10/1501006907 **25.00
Certified Copies Certificates of Status	D3/10/1301000 001 (16919-
Special Instructions to Filing Officer:	
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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 of State is: YANKEE TNVESTMENTS, LLC.	Department .
2. The Florida document/registration number assigned to this limited liability company	is:
2/5000/00565 3. The date this member/manager withdrew/resigned or will withdraw/resign is:	9/4/15
4. I, MATIAS PENEZ, hereby withdraw/resign as a (Print Name of Person Resigning)	15 SEP I
C.O.O. (Print Title) of this limited liability company and affirm the limited liability company has been no	tified of my
resignation in writing.	3 S
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) \(\sum \) Certified Copy: \$30.00 (Optional)	
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CR2E079 (2/14)