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SECRETARY OF STATE

MAR 0 8 2016 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Partners Investment Property 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:
Fernando Bravo (Contact Person)
(Firm/Company)
170 Ocean Lane Dr. Apt. 405
Key Biscayne, Fr 33149 (City/State and Zip Code)
For further information concerning this matter, please call:
Fernando Bravo at (786) 262-2004 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumsymbol{\Pi}\$\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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	e records of th	ne Florida D) epartı	ment
of State is: <u>Pa</u>	rrners	Inves	Trnen	T Prop	pert	ies	<u>, L</u> LC
2. The Florida docu	.ment/registratio	on number assi	igned to this lir	nited liability	company i	s:	
L150	100 124	+634	·				
3. The date this men	mber/manager v	vithdrew/resig	ned or will wit	hdraw/resign	is: 3/1	12	016
4.1, Fernance		V0	, hereby wi				
AME	Prin Title)						
of this limited liab resignation in wri	4	affirm the	limited liability	y company ha	s been noti	fied of	fmy
Signature of Dis	sociating Mem	ber or Resigni	ng Manager		SECRET	16 MAR - 7	
Filing Fee: Certified Copy:	\$25.00 (Req \$30.00 (Opti				AKY BESTATI ASSEE FLORI		7.3 V