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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PME INVESTMENTS, LLC			
(Name of Limited	l Liability Com	pany)	
The enclosed member, resignation or dissociation	on and fee(s)	are submitted for filing.	
Please return all correspondence concerning thi	s matter to:		
Sharon L. Gasparo, Esq.			
(Contact Person)			
			,
			;
(Firm/Company)	<u> </u>	•	•
			3
2064 Park Street			
(Address)	· <u>-</u>	•	مسر. -
Jacksonville, Florida 32204			.년 일1 년
(City/State and Zip Code)		•	
For further information concerning this matter,	please call:		
Sharon L. Gasparo	904	384 - 4 044	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee		epartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, 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)

	he limited liability company a	as it appears on the records of the	e Florida Depar	tment
2. The Florida de	ocument/registration number a	assigned to this limited liability	company-is:	
L15000164	782		<i>→</i> • ;	· ;
3. The date this i	Caiser	esigned or will withdraw/resign i		.18
	nt Name of Person Resigning) nd Member			
of this limited resignation in		the limited liability company has	s been notified o	of my
Signature of	Dissociating Member or Resi	igning Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy: \$30.00 (Optional)