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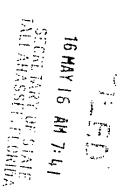
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PICK-UP	□ WAIT	MAIL		
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MAY 20 2016 J SHIVERS

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Full Circle Investors, LLC			
	(Name of Limi	ted Liability Cor	npany)	
The enclosed	member, resignation or dissocia	ation and fee(s	are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Dexter Der			_	
	(Contact Person)			
Full Circle I	nvestors, LLC			
	(Firm/Company)		_	
3135 3531 Grand	Avenue, Apt 102			
·	(Address)		_	
Pinellas Pa	rk, FL 33782			
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
Dexter Deri		724 at (599-5533	
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please \$25 Filing	ase find a check made payable to Fee		Pepartment of State for: Fee & Certified Copy	
Registration S Division of C Clifton Build	orporations ing ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

	limited liability company as it a Dircle Investors, LLC	appears on the records of the I	Florida Department
2. The Florida docu L16000005568	ment/registration number assig	ned to this limited liability co	mpany is:
3. The date this mer Jessica Derr	nber/manager withdrew/resign		مرابع مانعان
	ame of Person Resigning)		MAY I
of this limited liab	a Den	·	een notified of my
()	ssociating Member or Resigning \$25.00 (Required) \$30.00 (Optional)	g Manager	