

(Re	equestor's Name)			
(Ac	idress)			
(Ac	Idress)			
(,			
-				
(Ci	ty/State/Zip/Phone #)	1		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
·				
(D ₁	ocument Number)	· · <u> </u>		
(DC	ocument Namber)			
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer			
Special Instructions to Filing Officer:				
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	Office Use Only			



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SECRETARY OF STATE

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J SHIVERS

COVER LETTER

TO:	-	ion Section of Corporations		
SUB.	JECT:	Volume Investi	ment, LLC	aveau)
		(Name of	Limited Liability Co	mpany)
The e	nclosed me	mber, resignation or dis	sociation and fee(s) are submitted for filing.
Pleas	e return all	correspondence concern	ing this matter to:	
	Juan Lu	igo		
,,,		(Contact Person)		_
•	Volume	Investment, LLC		
		(Firm/Company)		_
1	6358 NV	W 86 COURT		
	, 1	(Address)		_
	MIAMI	LAKES, FL 33016	<u> </u>	_
		(City/State and Zip Code)		
For fi	urther infor	mation concerning this r	natter, please call:	
	Juan Lug	go	at (787	504-4123
	(Name	of Contact Person)	(Area Code	e & Daytime Telephone Number)
	osed please 5 Filing Fee	find a check made payat e		Department of State for: g Fee & Certified Copy
Regis Divis Clifto	stration Section of Corpon Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	hassee, Flor			

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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: Vo	olume Investment, LL	<u>C</u>
2. The Florida doci	ument/registration number as	signed to this limited liability company is:
<u>L1600004</u>	12051	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: 3/27/2017
	to Rosario	, hereby withdraw/resign as a
(Prim N Manager	'ame of Person Resigning)	ALL,
	(Print Title)	SET AND A SET AN
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has been notified of may
Signature of Di	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Judy to before me by Adalberto Mosario, who is personally known to me.
	MY COMMISSI	SERRANO ON # GG118805 une 26, 2021

CR2E079 (2/14)