116000059080

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COVER LETTER

CR2E079 (2/14)

TO: Registration Section		
Division of Corporations		
SUBJECT: F&E Capital Investment, LLC	a Florida Limited	Liability Company
	mited Liability Compa	
	, ,	•
The enclosed member, resignation or dissoc	riation and fee(s) a	re submitted for filing.
Please return all correspondence concerning	g this matter to:	
Erick Gonzalez Garcia		
(Contact Person)		
(Firm/Company)		
8095 SW 187 Street		
(Address)		
Cutler Bay, FL 33157		
(City/State and Zip Code)		
For further information concerning this mat	tur planca calls	
To future information concerning this mat	ier, piease can.	
Frield Connellan Consid	700	400 000C
Erick Gonzalez Garcia	_ at (786)	
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida Den	artment of State for:
☐ \$25 Filing Fee		ee & Certified Copy
	L	
STREET/COURIER ADDRESS:	М	AILING ADDRESS:
Registration Section	Re	egistration Section
Division of Corporations		ivision of Corporations
Clifton Building		O. Box 6327
2661 Executive Center Circle	Ta	Illahassee, Florida 32314
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 li	mited liability company as it appears on the records of the Florida Department
of State is: F&E C	Capital Investment, LLC., a Florida Limited Liability Company
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L16000059080	 ,
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: March 5,2011
4. I. Frank C. De Lo	hereby withdraw/resign as a ne of Person Resigning)
Member	
(P.	rint Title)
of this limited liabil resignation in writi	lity company and affirm the limited liability company has been notified of mying.
Signature of Diss	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)