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## **COVER LETTER**

Division of Corporations	
SUBJECT: 75/8 investor (Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and t	ec(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
AFsarch Shakibpan	iah
(Firm/Company)	
4275 M. Meridian Ane	
Miabeh # 33140 (City/State and Zip Code)	
For further information concerning this matter, please of	call:
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori \$25 Filing Fee	da Department of State for: iling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



## 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)

	the limited liability compans 18 investments IIc	ny as it appears on the records of the Florida Department
2. The Florida d	· ·	per assigned to this limited liability company is:
4. I,	hakihnanah	v/resigned or will withdraw/resign is: 5ep+28-
manager	(Print Title)	
of this limited resignation in Signature of		rm the limited liability company has been notified of my tesigning Manager
Filing Fee:	\$25.00 (Required)	•

Certified Copy:

\$30.00 (Optional)