

L16000079948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

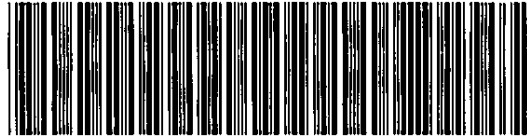
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600289542166

09/30/16--01017--022 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT -3 P 4:10

FILED

D. BRUCE
OCT 04 2016

**OUROBOROS PARTNERS INVESTMENTS LLC
1103 CAMELLIA CIR
WESTON, FL 33326**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: **OUROBOROS PARTNERS INVESTMENTS**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**OUROBOROS PARTNERS INVESTMENTS LLC
1315 St Tropez Cir #1412
Weston, FL 33326**

For further information concerning this matter, please call:

**ANA M. GONCALVES
786-801-4441**

2016 OCT - 3 P 4: 10
TALLAHASSEE, FLORIDA

FILED

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building P.O. Box 6327 2661
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
Executive Center Circle Tallahassee,
Florida 32314

**OUROBOROS PARTNERS INVESTMENTS LLC
1103 CAMELLIA CIR
WESTON, FL 33326**

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

The name of the liability company as it appears on the records of the Florida
Department of State is

OUROBOROS PARTNERS INVESTMENTS LLC

The Florida document / registration number assigned to this limited liability company
is:

L16000079948

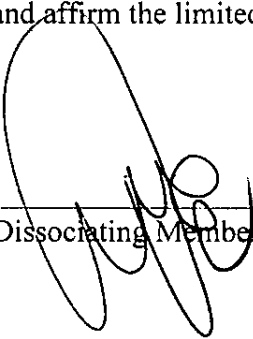
The date this member/manager withdrew/resigned or will withdraw/resign is:

09/15/2016

I, **OMAR ESCOBAR**, hereby withdraw / resign as a member of
OUROBOROS PARTNERS INVESTMENTS LLC

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager



STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 SEP - 3 PM 4:10

FILED