16000089677

(Requestor's Name)			
(Address)			
(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Hame)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

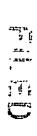
Office Use Only



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2022 OCT 20 AH II: 39



COVER LETTER

Division of Corporations		
Eiffel Investment Group and Ass	ociates LLC	
SUBJECT:		
	Limited Liability (Company)
The enclosed member, resignation or dis	sociation and fe	e(s) are submitted for filing.
Please return all correspondence concern	ing this matter t	o:
Oleg Lipovetskiy		
(Contact Person)		
Eiffel Investment Group and Associates LLC		
(Firm/Company)		
2902 SW Savona Blvd.		
(Address)		
Port Saint Lucie, FL 34953		
(City/State and Zip Code)		
For further information concerning this r	natter, please ca	II:
Oleg Lipovetskiy	561	859-8497
	at ()
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payat		-
■ \$25 Filing Fee	⊔ \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

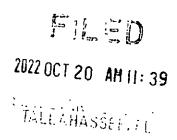
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

Eiffe	e limited liability company as I Investment Group and Associates	
2. The Florida doo 1.16000089677	cument/registration number as	signed to this limited liability company is:
		 10/15/2022
3. The date this m	_	gned or will withdraw/resign is:
		, hereby withdraw/resign as a
Member	Name of Person Resigning)	
	(Print Title)	
of this limited li resignation in w		e limited liability company has been notified of my
Signat ure of I	Dissociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	