

L16000101787

(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



100293882371

01/17/17--01002--013 \*\*25.00

FILED  
17 JAN 17 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JAN 18 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFE PROJECTS INVESTMENT LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

JAKSEN E SILVA

(Contact Person)

(Firm/Company)

8800 NW 107TH AVE BLDG 10 UNIT 205

(Address)

DORAL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

JAKSEN E SILVA

(Name of Contact Person)

at (954) 854-5359  
(Area Code & Daytime Telephone Number)

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  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
JUN 17 PM 3:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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: LIFE PROJECTS INVESTMENT, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L16000101787
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/03/2017
4. I, CARMEN T. CAPIA, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR  
(Print Title)

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

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 JAN 17 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA