

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES RRE, 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:

ERIK CHIN FONG
(Contact Person)

INVERSIONES RRE, LLC
(Firm/Company)

3000E SUNRISE BLVD JLB
(Address)

FORT LAUDERDALE, FLORIDA 33304
(City/State and Zip Code)

For further information concerning this matter, please call:

ERIK CHIN FONG at (954) 6082993
(Name of Contact Person) (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 STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB 16 AM 8:53



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: INVERSIONES RRE LLC

2. The Florida document/registration number assigned to this limited liability company is: L16000174005

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/20/2017

4. I, ERIK CHIN FONG, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 16 AM 8:53

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