LIG 000 116779

(Re	questor's Name)		
(Add	dress)		
(Add	dress)		
(Cit	y/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



300326495573

03/25/19--01042--010 **55.00

2019 MAR 25 P 1: 58

APR 0.3 1019 T. LEAGIEUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: South Point Clobal Investments, LL (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:
Marc Flores (Contact Person)
South Point Global Investments (Firm/Company)
124 S. Morgan St Ste 5215
Tampa FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
Marc Flores at (352) 208-7556 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\frac{1}{2}\$\$ \$\frac{1}{5}\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 l	imited liability company as it appears on t	he records of the Florida Department
of State is:	with Point Colobal Inv	restments, LLC.
2. The Florida docum	ment/registration number assigned to this I	limited liability company is:
L1600	0116779	
3. The date this men	nber/manager withdrew/resigned or will w	rithdraw/resign is: 3 21 2019
	me of Person Resigning), hereby w	
<u> </u>	Print Title)	
resignation in writ	l-lu	ity company has been notified of my
Signature of Dis	sociating Member or Resigning Manager	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	PILLE 2019 NAR 25 P ALLAHASSEELF