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COVER LETTER

Division of Corporations	ı	
SUBJECT: INFINITY SOLUTIONS GO	ROVP LLC	_
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this matter to:	į	
JOSSON EUAS (Contact Person)	-	
WHINITY SOLUTIONS GROW! LLC (Firm/Company)	_	
14341 FREGRICKSBURG DR # 1020 (Address)	_	•
ORLANDO, FL 32837 (City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Sobson ECIAS at (321 (Name of Contact Person) (Area Code) 424 0392 & Daytime Telephone Number)	-
Enclosed please find a check made payable to the Florida E \$\forall \\$25 \text{Filing Fee} \qquad \\$55 \text{Filing}\$	Pepartment of State for: 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	

CR2E079 (2/14)



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 a	ns it appears on the records of the Fl	lorida D	epartmen
of State is:	FINITY SOLUTION	ows GROUP UC	· .	; <u>1</u>
2. The Florida doc	.ment/registration number a	assigned to this limited liability con	npany is	;;. }
L160001:	62339	·	,	,
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is: _	10/3	0/17/
4.1, Jobson	EUAS Tame of Person Resigning)	, hereby withdraw/resign as a	1	
	SR			
	(Print Title)			- } - }
of this limited lia resignation in wr		the limited liability company has be	en notif	ied of my
_	11 s/		, ; ,	2017
Signature of 191	Sociating Member or Resi	gning Manager	;	1817 KGV -3
	\$25.00 (Required)		- 13	PH
Certified Copy:	\$30.00 (Optional)		1	7. (2)