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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Vulture Investment Capital LLC (Name of Limited Liability Company)
(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:
Jonathan Gary (Contact Person)
Vulture Investment Capital LLC
2200 NOAN Florida Mangord #302
West Palm Beach, FL 33409 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonaman Gary at (954) 594 – 3606 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2} \\$25 \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

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)

	limited liability company as it appears on the records of the Florida Department ULTURE INVESTMENT CAPITALLE.
11600	oment/registration number assigned to this limited liability company is:
4. I. <u>Kata</u>	mber/manager withdrew/resigned or will withdraw/resign is: 7/7/17 el R Alen DR, hereby withdraw/resign as a ame of Person Resigning)
	~i ~
Signature of Di	ssociating Member or Resigning Manager 28
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)