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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Infinite Growth	Technologies
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Ronald Allen	_
(Contact Person)	
(Firm/Company)	_
4649 Irene Coop	_
(Address) New Port Richey, FL 34652 (City/State and Zip Code)	<i>2</i>
For further information concerning this matter, please call:	
Ronald Allen at 1727	809-6734
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$\simeq \subseteq	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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	limited liability company as it appears on the records of the Florida Department	
of State is:	nfinite Growth Technologies.	
	iment/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $01-01-/7$	
4. I, Sergio	Contreras AKA Sergeo Contreras Jame of Person Resigning)	
Preside	ame of Person Resigning) (Print Title)	
of this limited lial	bility company and affirm the limited liability company has been notified of my	
resignation in wri		
		_
Signature of Di	ssociating Member or Resigning Manager	J
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	