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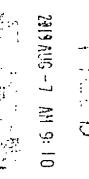
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## **COVER LETTER**

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations JRT INVESTMENT GROUP LLC SUBJECT: (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: Joseph E Seagle (Contact Person) Joseph E Seagle PA (Firm/Company) 924 W Colonial Dr (Address) Orlando, FL 32804 (City/State and Zip Code) For further information concerning this matter, please call: Joe Seagle (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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## 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 of State is:	e limited liability company as it INVESTMENT GROUP LL	appears on the records of the Florida Dep	parament 19 19
2. The Florida doc L1600023349	ument/registration number assi	igned to this limited liability company is:	
CN Canital (	Proup II C	ned or will withdraw/resign is: , hereby withdraw/resign as a	
Member and			
of this limited lia resignation in wr	bility company and affirm the l	limited liability company has been notified	d of my
Signature of D	issociating Member or Resigni	ng Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

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