117000018489

(Pa	questor's Name)	
(ite	questors Harrie)	
	dress)	
(Au	uiess)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VICT INVESTMENT GROU	JP, L.L.C.	ppany)	
The enclosed member, resignation or dissoc	iation and fee(s	are submitted for filing.	
Please return all correspondence concerning	, this matter to:		
William M. Bustamante, Esq.		_	
(Contact Person)		-	
THE BUSTAMANTE LAW GROUP			
(Firm/Company)		-	
2655 S. Le Jeune Road, 4th Fl			1 产
(Address)		-	开路
Coral Gables/Florida 33134			TEB 13 PH
(City/State and Zip Code)		-	平 四部
For further information concerning this matter	ter, please call:		1 3: 33
William M. Bustamante	786	973-7676	<i>κ</i> η. ω
(Name of Contact Person)	\	& Daytime Telephone Number)	
Enclosed please find a check made payable: \$\sim \\$25 \text{Filing Fee}\$		epartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

The name of the limited liability company as it appears on the records of the Florida Dep of State is: VICT INVESTMENT GROUP, L.L.C.	artment	
 The Florida document/registration number assigned to this limited liability company is: L17000018489 		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, DENNIS VICTORIANO (Print Name of Person Resigning) AMBR	1, 20 ⁻	
of this limited liability company and affirm the limited liability company has been notified resignation in writing. Signature of Dissociating Member or Resigning Manager	12FEB 13 PM 3: 3	TALLAHASSES, FLORI

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)