L170000 27107

Office Use Only



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K. SALY JAN -3 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JUST INVESTMENTS LLC (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 AUMAIRE (Contact Person)
<u></u>
(Firm/Company)
454 LAKEVIEW DR, UNIT3 (Address)
WESTON, F1 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonathan Aumaitre at (954) 2705729 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

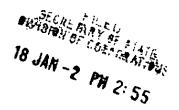
Tallahassee, Florida 32314

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)

_	imited liability company as it appears on the records of the Florida Department
of State is:	est Investments, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L17 0000	77107
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 12/19/2013
	me of Person Resigning). hereby withdraw/resign as a
MGR	
	Print Title)
of this limited liab	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)