## L17000103720

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only) States Zips in notice #1						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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All this second town

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S. WARREN JAN 2 9 2018

## COVER LETTER .

TO:	_	stration Section sion of Corporations			
SUBJ	ECT:	LOT INVESTMENT G			
		(Name	e of Limited	Liability Co	ompany)
The en	nclosec	d member, resignation or c	dissociatio	n and fee	s) are submitted for filing.
Please	return	all correspondence conce	erning this	matter to	:
LUIS	L. MC	DRENO			
		(Contact Person)			<del></del>
LOT	INVES	STMENT GROUP LLC.			
-		(Firm/Company)	<u> </u>		<del></del>
4416	RIDG	ELINE CIR			
		(Address)			
TAME	PA, Fl	33624			
		(City/State and Zip Code	:)	·	_
For fur	rther ii	nformation concerning thi	s matter, p	lease call	:
LUIS	L. MC	DRENO	at	813	3693556 e & Daytime Telephone Number)
	(N	lame of Contact Person)	***	(Area Cod	e & Daytime Telephone Number)
	•	ease find a check made pay g Fee	•		-
Regist Division Clifton 2661 I	ration on of C n Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## 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 INVESTMENT GROUP I	it appears on the records of the F LC.	Florida Depar	tment 
2. The Florida docu L1700010372	~	ssigned to this limited liability co	mpany is:	
3. The date this mer	mber/manager withdrew/res	igned or will withdraw/resign is:	01/20/2018	1
4. I. GALLO, ROG	SELIO	, hereby withdraw/resign as	a	
AMBR	ime of Person Resigning)			
of this limited liab resignation in write		ne limited liability company has b	een notified o	of my
- 1	\$25.00 (Required) \$30.00 (Optional)		18 JAH 26 AM	FILED