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COVER LETTER

Division of Corporations Foundation 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: George W. Capehart, Jr. (Contact Person) Foundation Investment Group, LLC (Firm/Company) 2444 S. Park Ave (Address) Sanford, FL 32771 (City/State and Zip Code) For further information concerning this matter, please call: George W. Capehart, Jr. 407 456-1040 at (___ (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 □ \$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

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER EROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

			교 교
Fou	limited liability company a ndation Investment Group	p, LLC	rds of the Florida Department
2. The Florida doc L1700017026	ument/registration number a 4	ssigned to this limited	liability company is:
		<u> </u>	04/08/2019
3. The date this mo	ember/manager withdrew/res	signed or will withdraw	v/resign is:
George W. C	Capehart, Sr	, hereby withdrav	w/resign as a
(Print N	lame of Person Resigning)	•	
Manager			
	(Print Title)		
of this limited lia resignation in wr		he limited liability com	pany has been notified of my
Signature of D	issociating Member or Resig	gning Manager	
		·	
Filing Fee:	\$25.00 (Required)		
X Certified Copy:	\$30.00 (Optional)		