117000195046

(Request	or's Name)
(Address))
(100000	,
(Address)
(City/Stat	e/Zip/Phone #)
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COVER LETTER

	tration Section on of Corporations		
SUBJECT:	Farbur Investments LLC.		
	(Name of L	mited Liability Company)	
The enclosed	member, resignation or disso	ciation and fee(s) are	submitted for filing.
Please return	all correspondence concerning	g this matter to:	
John Bu	urnham		
	(Contact Person)		
Farbur	Investments LLC		
	(Firm/Company)		
16149 1	198th Trail		
	(Address)		
O'Brien	i, FL 32071		
	(City/State and Zip Code)	-	
For further in	formation concerning this ma	tter, please call:	
John Bu	urnham	at (510) 9	04-8360
(Na	ame of Contact Person)	(Area Code & Da	lytime Telephone Number)
Enclosed plea	ase find a check made payable	to the Florida Depar	tment of State for:
\$25 Filing		□ \$55 Filing Fee	
	g Address:		et Address:
	tration Section ion of Corporations	-	istration Section sion of Corporations
P.O. I	Box 6327	The	Centre of Tallahassee
Tallal	hassee, FL 32314		5 N. Monroe Street, Suite 810 ahassee EL 32303

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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)

I. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	r Investments LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L17000195046	·
	mber/manager withdrew/resigned or will withdraw/resign is: 12-31-18
Kambiz Farnaam 4. I.	, hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
AMBR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
mort	ssociating Member or Resigning Manager
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certitied Copy:	\$30.00 (Optional)