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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
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CR2E079 (2/14)

COVER LETTER

	•	itration Section ion of Corporations						
SUBJE	CT.	BOSTON INVESTMENTS GROUP, LLC						
. TO DO L		(Name of Limited Liability Company)						
The end	closec	I member, resignation or dissocia	atio	n and fee(s) are submitted for filing.			
Please	return	all correspondence concerning t	his	matter to:				
Ana A	lves				_			
		(Contact Person)						
3956	Fown	Center Blvd						
		(Firm/Company)			_			
		(Address)			_			
Orland	do Flo	orida 32837						
		(City/State and Zip Code)						
For fur	ther i	nformation concerning this matte	er, p	lease call				
Ana A	lves		at	407	616-7102			
	()	lame of Contact Person)			e & Daytime Telephone Number)			
Enclos		ease find a check made payable to g Fee	o th	e Florida \$55 Filin	Department of State for: g Fee & Certified Copy			
Registr Division Clifton 2661 F	ration on of Buil Execu	Section Corporations ding tive Center Circle Florida 32301			MAILING ADDRESS: 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)

1. The name of the	limited liability company as	s it appears on the records of the Florida Department
of State is:	ton Investments Group, LI	LC
	ument/registration number a	issigned to this limited liability company is:
Adelante inv	estments, LLC	signed or will withdraw/resign is: May 15x 2018 \times
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
-	(Print Title)	
of this limited lia resignation in w		he limited liability company has been notified of my
Wagner Santo	\$	5/16/2018 2:43:07 PM PDT
Signature of D	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	