## L17000 214 046

Office Use Only



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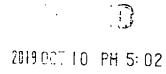
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ		
	(Name of Limited Liabilit	y Company)
The ci	nclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	r to:
Victo	ria Beacham	
	(Contact Person)	<del></del>
Orlan	do Dinner Show Investments, LLC	
	(Firm/Company)	
6362	International Drive	
	(Address)	
Orlar	do, FL 32819	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please	call:
Victo	ria Beacham 407	536-7943
	(Name of Contact Person) (Area	Code & Daytime Telephone Number)
	sed please find a check made payable to the Flor 5 Filing Fee	rida Department of State for: Filing Fee & Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section  ion of Corporations	Registration Section Division of Corporations
	n Building	P.O. Box 6327
2661	Executive Center Circle hassee, Florida 32301	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)

	limited liability company as it	t appears on the records of the Florida Department VESTMENTS, LLC
2. The Florida doc	•	igned to this limited liability company is:
Coroldo I D	o La Cruz Martinez	ned or will withdraw/resign is:, hereby withdraw/resign as a
of this limited lia		limited liability company has been notified of my
Signature of D	iting.  Se la Cry issociating Member or Resign	ing Manager
	\$25.00 (Required) \$30.00 (Optional)	