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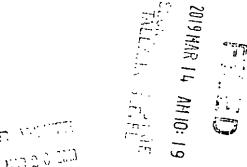
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COVER LETTER

INIVESTMENT COLORADO LLO		
SUBJECT: Name of Limited	Liability Company	
DOCUMENT NUMBER: L17000243110	Liability Company	
The enclosed Resignation of Registered Agent for a for filing.		
Please return all correspondence concerning this ma	tter to the following:	
JORGE LUIS MEDINA ACOSTA		
Name of Person		
INVESTMENT COLORADO LLC		
Name of Firm/Company		
2761 NW 9TH STREET		
Address		
MIAMI FL 33172 .		
City/State and Zip Code	-	
jorgelmedina01@gmail.com		
E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter, pleas	se call:	
JORGE LUIS MEDINA ACOSTA 31. 95	4 \ 805-4536	
Name of Person Ar	ea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
Tatianassee, FL 34314	2001 Executive Center Circle	

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115. Florida Statutes, the undersigned.	
Eduardo Kalb	, hereby	resigns as
Name of Register	red Agent	•
Registered Agent for INVESTMENT	T COLORADO LLC	
Name	e of Limited Liability Company	
L17000243110		
Document Number, if known		
A copy of this resignation was mailed t	to the above listed limited liability compan	y at its last known address.
The agency is terminated and the office	e discontinued on the 31st day after the dat Signature of Resigning Agent	e on which this statement is filed
If signing on behalf of an entity:		2019 HAI 31.561
	Typed or Printed Name	
	Capacity	2019 HAR 34 AH 10: 19
\$ 8	LING FEES: 35.00 Active limited liability company Administratively dissolved/ voluments withdrawn limited liability comp	ntarily dissolved/ pany

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314