118000065768

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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Enterprise Florida Investments 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: Omar Arcia (Contact Person) Arcia Law Firm (Firm/Company) 3350 SW 148th Avenue, Suite 100 (Address) Miramar, FL 33029 (City/State and Zip Code) For further information concerning this matter, please call: erson) 954 4379066 (Area Code & Daytime Telephone Number) Omar Arcia (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filling 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 Tallahassee, Florida 32301



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)

	imited liability company as it appears on the records of the Florida Department prise Florida Investments LLC
	ment/registration number assigned to this limited liability company is:
L18000065768	
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: August 1, 2018
Omar J. Arcia	
Managing Mer	
11	Print Title)
of this limited liab resignation in write	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)