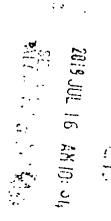
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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations	S			
SUBJECT: SET	TIMO INVESTMENTS L	LC		
30banci:	(Name of Limited Liability Company)			
The enclosed member, resignation	on or dissociation and fee(s	s) are submitted for filing.		
Please return all correspondence	concerning this matter to:			
Angela Ma				
(Contact Per	_			
Tax Accounting & Fina	ancial Specialists. LLC			
(Firm/Compa	_			
2295 S. Hiawassee	e Rd Ste 407F			
(Address)		_		
Orlando-Florid				
(City/State and /	(ip Code)	_		
For further information concerni	ing this matter, please call:			
Angela Mack	407	710-0808		
(Name of Contact Perso		& Daytime Telephone Number)		
Enclosed please find a check ma ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
STREET/COURIER ADDRE. Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	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)

	Elimited liability company as i	it appears on the records of the Florida Department
2. The Florida doc £1800016174	•	signed to this limited fiability company is: 기타
	•	gned or will withdraw/resign is:
4, [CKNER DE OLIVEIRA	hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
N	MANAGER	
	(Print Title)	
resignation in wi		limited liability company has been notified of my ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	