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COVER LETTER

10.	Division of Corporations		
SUBJ	SETTIMO IN	NVESTMENTS	LLC
		Limited Fability C	ompans
The er	nclosed member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Pleasc	return all correspondence concern	ing this matter to) :
	Angela Mack		
	(Contact Person)		_
	Tax Accounting & Financial Sp	pecialists, LLC	
	(Firm/Company)		
	2295 S. Hiawassee Rd Ste	407F	
	(Address)		
	Orlando-Florida 3283	5	
	(City/State and Zip Code)		<u> </u>
For fu	orther information concerning this n	iatter, pleuse cal	I:
	Angela Mack	407	710-0808
	(Name of Contact Person)		de & Daytome Felephone Number)
	sed please find a check made payab 5 Filing Fee		Department of State for- ng Fee & Certified Copy
Regis Divisi	EET/COURIER ADDRESS: tration Section ion of Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661	n Building Executive Center Circle nassee, Florida 32301		Tallahassee, Florida 32314

c R21 079 (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)

1. The name of the limited liability company as it appears on the records of the Florida Depa of State is:	rtinlent O			
2. The Florida document/registration number assigned to this limited liability company is: L18000161749				
3. The date this member/manager withdrew/resigned or will withdraw/resign is:				
(Print Name of Person Resigning) hereby withdraw/resign as a				
MANAGER				
(Print Title)				
of this limited liability company and affirm the limited liability company has been notified or resignation in writing. Signature of Dissociating Member or Resigning Manager	of my			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)				