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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI		mited Liebilius Company)	
	(Name of Lin	mited Liability Company)	
The en	closed member, resignation or dissoci	ciation and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to:	
MARC	COS REZENDE		
	(Contact Person)		
CSG-	- CAPITAL SERVICES GROUP IN	NC NC TALLAMASSEE	
	(Firm/Company)	75.50	
446 W HILLSBOROR BLVD			
	(Address)	CAU 2	
DEER	FIELD BEACH, FL 33441	0r 2	
	(City/State and Zip Code)		
For fur	ther information concerning this matt	ter, please call:	
MARC	COS REZENDE	954 427-4770	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
	ed please find a check made payable t Filing Fee	to the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ Filing Fee & Certified Copy	
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		_\ <b>~</b> 2
1. The name of the	limited liability company as	s it appears on the records of the Florida Department
	NVESTMENT LLC	
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1900002860		7. 22
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, EDSON OLI	VEIRA	, hereby withdraw/resign as a
	lame of Person Resigning)	
MGR		
	(Print Title)	1
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	,