L1900004130Z

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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05/28/21--01019--021 **25.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Haus Investments, LLC	
(Name	of Limited Liability Company)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:
Josueth Irigoyen	
(Contact Person)	
Haus Investments, LLC	
(Firm/Company)	
20010 W Dixie Hwy, #17104	
(Address)	**************************************
Miami, FL 33180	
(City/State and Zip Code)	
For further information concerning this	s matter, please call:
Josueth Irigoyen	at (305) 988-6493
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	rable to the Florida Department of State for:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303



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	e limited liability company as	it appears on the records of	of the Florida Department
of State is: Hat	us Investments, LLC		
2. The Florida doc	ument/registration number as	ssigned to this limited liabi	lity company is:
L19000041302		·	
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resi	ign is: 17/05/2021
4. I. Juan Fernan	do Teran	, hereby withdraw/res	sign as a
(Print l	Name of Person Resigning)		
Member			
	(Print Title)		
of this limited lia resignation in wr	ibility company and affirm th	e limited liability company	has been notified of my
DocuSigned by:			7 28
Signarare of D	issociating Member or Resig	ning Manager	PM 4: 47
Filing Fee:	\$25.00 (Required)		HE IDA
Certified Conv.	\$30.00 (Ontional)		