L19000078246

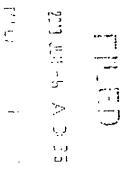
(Requestor's Name)					
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COVER LETTER

	gistration Section vision of Corporations					
	UNITED FORCE INVEST	MENT GROUP	LLC			
SUBJECT		(Name of Limited Liability Company)				
The enclose	ed member, resignation or disso	ociation and fee(s	s) are submitted for filing.			
Please retu	rn all correspondence concernir	ng this matter to:				
NOEL PE	REZ					
	(Contact Person)		- :	1.45 1.45 1.45		
				(=		
	(Firm/Company)			: (3		
6402 CAV	/A ALTA DR APT 108			;		
	(Address)		_	:		
ORLAND	O, FL 32835			1		
	(City/State and Zip Code)		_ '			
For further	information concerning this ma	atter, please call:				
NOEL PE	REZ	321	443-9130			
(Name of Contact Person)		& Daytime Telephone Number)			
Enclosed p \$25 Filin	olease find a check made payabling Fee		Department of State for: g Fee & Certified Copy			
Registratio	f Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
	utive Center Circle e, Florida 32301		Tallahassee, Florida 32314			

CR2E079 (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)

	limited liability company as it appears	•	orida Depart	tment
2. The Florida doct L1900007824	ment/registration number assigned to	this limited liability com	pany is:	<u>-1</u>
3. The date this me	/31/2 <mark>0</mark> 19			
4. I. FRANCISCO D ARAUJO (Print Name of Person Resigning) MANAGER MANAGER		cby withdraw/resign as a	Ç	
	(Print Title) bility company and affirm the limited	liability company has bee	ு ப	sf my
resignation in wr			ii nounca c	, itiy
Signature of D Filing Fee:	ssociating Member or Resigning Man. \$25.00 (Required)	ager		
Certified Copy:	\$30.00 (Optional)			