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(Req	uestor's Name)	
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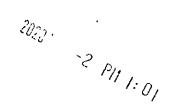
COVER LETTER

Divis	sion of Corporations		
SUBJECT:	San Marco Investment Group, L	.LC	
Sebale 1.	(Name of	Limited Liability (Company)
The enclosed			e(s) are submitted for filing.
Please return	all correspondence concert	ning this matter t	o:
Filippo Balzan	ı		
	(Contact Person)		
San Marco Inv	estment Group		
	(Firm/Company)		
5425 Loma Vi	sta Dr E		
	(Address)	•	
Davenport, Fl	. 33896		
	(City/State and Zip Code)		
For further i	nformation concerning this	matter, please ca	ili:
Filippo Balzan	ı	407 at (6257709
(N	Jame of Contact Person)		ode & Daytime Telephone Number)
Enclosed ple	ease find a check made paya	ble to the Florida	a Department of State for:
■ \$25 Filing	g Fee	□ \$ 55 Fil	ing Fee & Certified Copy
<u>Mailir</u>	ng Address:		Street Address:
Regi	stration Section		Registration Section
	sion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section





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 it appears on the records of the Florida Department Marco Investment Group
	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: 10/30/2020
member/partner	(Print Title)
resignation in wi	_
	al illester
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)