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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Lamms Investments, LLC	
	imited Liability Company)
	
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ig this matter to:
HUSSAIN, SYED SHAH AMEENUL	
(Contact Person)	
Lamms Investments,	LLC
(Firm/Company)	
500 BILL FRANCE BLVD #9067	
(Address)	
DANTANIA DEACH EL 22120	
DAYTONA BEACH, FL 32120 (City/State and Zip Code)	
· · · · · · · · · · · · · · · · · · ·	
For further information concerning this ma	itter, please call:
Sved Shah Ameenul Hussain	at (386) 3164256
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e 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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

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	limited liability company as	s it appears on the record	s of the Florida Department
of State is: <u>LAM</u>	MS INVESTMENTS, LLC	 	
2. The Florida doc	ument/registration number a	ssigned to this limited lia	ability company is:
1.19000301096		 .	
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/r	esign is: <u>01/15/21</u>
4. I, Syed Shah Amed	enul Hussain	, hereby withdraw/i	resign as a
(Print N	lame of Person Resigning)		2821
AMBR	(Print Title)		2821 JUH 30
of this limited lia	bility company and affirm thiting.	ne limited liability compa	my has been notified of my
(h	LF.		2: 48
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)		
Certified Copy.	\$30.00 (Optional)		