## 120000016694

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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| umils                                   |  |  |  |  |  |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section   |  |
|--|--|
| Division of Corporations   |  |
| SUBJECT: EM GROUP IN  (Name of Limited I                           | VESTMENTS LLC  |
| (Name of Limited I   | Liability Company)   |
| The enclosed member, resignation or dissociation                   | n and fee(s) are submitted for filing.                               |
| Please return all correspondence concerning this                   | matter to:   |
| MARK SOLLI (Contact Person)  |  |
| (Contact Person)   |  |
| (Firm/Company)   |  |
| 1398 Sand AVE NE (Address)   |  |
| ST. Petersburg, Fl. 33703  | •  |
| (City/State and Zip Code)  |  |
| For further information concerning this matter, p                  | lease call:  |
| MARK SOLLI at (  | 407 , 759 - 8539   |
| (Name of Contact Person) (   | Area Code & Daytime Telephone Number)                                |
| Enclosed please find a check made payable to the ☐ \$25 Filing Fee | Florida Department of State for:<br>\$55 Filing Fee & Certified Copy |
| Mailing Address:   | Street Address:  |
| Registration Section   | Registration Section   |
| Division of Corporations   | Division of Corporations   |
| P.O. Box 6327<br>Tallahassee, FL 32314                             | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810           |
|  | z 115 11. mombe succe, suite of o                                    |

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 co         | ompany as it ap  | pears on the re   | ecords of the Flori     | da Department   |
|--|------------------------------|------------------|-------------------|-------------------------|-----------------|
| of State is:                             | -M Group                     | INVEST           | MENTS             | 110                     | ·               |
| 2. The Florida docu                      | ument/registration           | number assign    | ed to this limit  | ed liability compa      | ny is:          |
| L20000                                   | 016694                       |                  | <u>.</u> .        |                         |                 |
| 3. The date this me                      | mber/manager wit             | hdrew/resigned   | d or will withd   | raw/resign is: <b>2</b> | 121/24.         |
| 4. I, MARK<br>(Print N                   | Soli                         |                  | , hereby witho    | lraw/resign as a        | :<br>(5         |
| ANIRON                                   | MANAGER)                     | mg)              |                   |                         | - <del></del> : |
|  | (Print Title)                | ·                |                   |                         | ્ર:<br>03       |
| of this limited lia<br>resignation in wr | bility company and<br>iting. | l affirm the lim | nited liability c | ompany has been         |                 |
| Signature/of Di                          | ssociating Membe             | r or Resigning   | Manager           |                         |                 |
| Filing Fee:                              | ` •                          | •                |                   |                         |                 |
| Certified Copy:                          | \$30.00 (Option              | al)              |                   |                         |                 |