120000049102

(Requestor's Name)	
(Address)	400343840954
(Address) (City/State/Zip/Phone #) PICK-UP	04/28/2001019010 **25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	S TALLEN 2020 APR 28
Special Instructions to Filing Officer:	28 AHII: 04
	0

Office Use Only

Diss/Kisian

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJE	ProFound Investment Group, LLC		
		mited Liability Co	empany)
The end	closed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please i	eturn all correspondence concerning	g this matter to:	:
Damion	Thompson		
	(Contact Person)		_
ProFoun	d Investment Group, LLC		
	(Firm/Company)		_
1664 Me	adowgold Ct.		
	(Address)		_
Winter P	ark, FL 32792		
	(City/State and Zip Code)		
For furt	her information concerning this mat	ter, please call:	:
Damion	Thompson	407 at (443-9525
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclose	ed please find a check made payable	to the Florida I	Department of State for:
■ \$25	Filing Fee	□ \$55 Filin	g 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)

	limited liability company as	it appears on the records o	of the Florida Department
2. The Florida doc £20000049102	ument/registration number as	ssigned to this limited liabil	lity company is:
ACCOST A TRAIN	ember/manager withdrew/res IANUEL lame of Person Resigning)		
	titing.	e limited liability company	
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	2020 APR 28 AH 11: 0