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TO: **Registration Section Division of Corporations**

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чк. -

To E Invertments (Name of Limited Liability Company) SUBJECT:

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ELDEN Cortes (Contact Person)

I + E INVESTMENTS

46 Hidenway Bay Dr.

Miramar Beach FL. 32550

For further information concerning this matter, please call:

ELDEN Gries at (626) 360-6447 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

03/09/22-01020-011

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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: I + E INVESTMENTS

2. The Florida document/registration number assigned to this limited liability company is:

85-2263631

3. The date this member/manager withdrew/resigned or will withdraw/resign is: <u>31 JAN 2022</u>

4. I. <u>Ivan Fantan</u>, hereby withdraw/resign as a *(Print Name of Person Resigning)*. Manager Grint Title

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

2022 JUN 30 PM 4: 28