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#### **COVER LETTER**

TO: Registration Section Division of Corporations THE BEST INVESTMENT TEAM LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: SANDRA LONDONO (Contact Person) MONEY TRUST INCOMETAXES (Firm/Company) 12211 SW 132ND CT (Address) MIAMI, FL 33186 (City/State and Zip Code) For further information concerning this matter, please call: SANDRA LONDONO (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: 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



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SECRETARY OF STATE TALLAHASSEE, FL

### 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  BEST INVESTMENT TEAM LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
SOULA VIII.	AROEL, hereby withdraw/resign as a warm of Person Resigning).
MANAGER	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of <del>my</del>
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)