## h20000174593

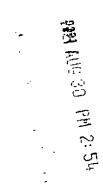
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KUMENTO INVISIMENTS, CCC (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:
KRISTINA Stortafus (Contact Person)
Authortwo INVISTMENTS, LLC (Firm/Company)
4009 RIVUR BANK WON
RINTA GOTDA, FI 33980 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 1110 -3404 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:    S25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## 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)

	e limited liability company as		of the Florida Department
2. The Florida doc L20000274593	ument/registration number as	ssigned to this limited lial	bility company is:
4. I, Leslie Hawes	ember/manager withdrew/res		
Member/Manage	Name of Person Resigning) t (Print Title)		
resignation in w	ibility company and affirm the riting.	ie limited liability compar	ny has been notifi <b>ed</b> of my fill: 00
Signature of D	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	PH 2: 54