# 21000041799

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



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JAN 07 2022



January 7, 2022

CAMILO ESPINOSA 40 SW 13TH ST STE 102 MIAMI, FL 33130

SUBJECT: E&FRANK INVESTMENTS LLC

Ref. Number: L21000041799

We have received your document for E&FRANK INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MANAGER NAME LISTED DOES NOT MATCH WHAT IS LISTED IN OUR RECORDS, PLEASE MAKE CORRECTION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00000464

Octavia L Simmons
Regulatory Specialist II Supervisor

#### **COVER LETTER**

| TO:      | Registration Section                   |                         |                                  |
|----------|--|-------------------------|----------------------------------|
| ]        | Division of Corporations               |                         |                                  |
| SUBJE    | E&FRANK INVESTMENTS I                  | LLC                     |                                  |
|          |  | f Limited Liability Con | mpany)                           |
| The enc  | losed member, resignation or di        | ssociation and fee(s    | s) are submitted for filing.     |
| Please r | eturn all correspondence concern       | ning this matter to:    |                                  |
| CAMILO   | ) ESPINOSA                             |                         |                                  |
|          | (Contact Person)                       |                         | _                                |
| LOIGICA  | N PA                                   |                         |                                  |
|          | (Firm/Company)                         |                         | _                                |
| 40 SW 13 | 3TH ST STE 102                         |                         |                                  |
|          | (Address)                              |                         | _                                |
| міамі.   | FLORIDA. 33130                         |                         |                                  |
|          | (City/State and Zip Code)              |                         | _                                |
| For furt | ner information concerning this        | matter, please call:    |                                  |
| CAMILO   | ) ESPINOSA                             | at (                    | 7862929704                       |
|          | (Name of Contact Person)               |                         | & Daytime Telephone Number)      |
| Enclose  | d please find a check made paya        | ble to the Florida I    | Department of State for:         |
| □ \$25 E | Filing Fee                             | □ \$55 Filing           | g Fee & Certified Copy           |
|          | Mailing Address:                       |                         | Street Address:                  |
|          | Registration Section                   |                         | Registration Section             |
|          | Division of Corporations               |                         | Division of Corporations         |
| _        | P.O. Box 6327<br>Fallahassee, FL 32314 |                         | The Centre of Tallahassee        |
|          | rananassee, FL 32314                   |                         | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303



#### FILED

2022 JAN 18 AM 10: 41

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 RANK INVESTMENTS LLC                                   |
|--------------------------------|--|
|                                | ument/registration number assigned to this limited liability company is:   |
| 4. I, FRANKLYN RO              | ember/manager withdrew/resigned or will withdraw/resign is:  DDRIGUEZ HERNANDEZ , hereby withdraw/resign as a  lame of Person Resigning) |
| MANAGER                        |  |
|                                | (Print Title) bility company and affirm the limited liability company has been notified of my iting.                                     |
| Si <b>gn</b> ature of Di       | ssociating Member or Resigning Manager   |
| Filing Fee:<br>Certified Copy: | \$25.00 (Required)<br>\$30.00 (Optional)   |