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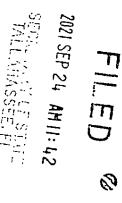
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	SCALEUP INVESTMENTS	LLC	
	(Name of Lim	nited Liability Con	ipany)
The en	closed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:	
MARC	OS BUELVAS		
	(Contact Person)		-
	(Firm/Company)		-
6240 \$	SW 86TH STREET		
	(Address)		-
MIAM	I / FLORIDA / 33143		
	(City/State and Zip Code)		-
For fur	ther information concerning this matt	er, please call:	
MARC	COS BUELVAS	617	4358882
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable i Filing Fee		•
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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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)

he name of the	limited liability company a	s it appears on the records of the Florida Department
f State is:	LEUP INVESTMENTS L	LC
	· ·	assigned to this limited liability company is:
he date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
Gagan D. Ka	Ira	haraby withdraw/racium ac a
(Print N	ame of Person Resigning)	, nereby withdrawiesign as a
MANAGER		
	(Print Title)	
		he limited liability company has been notified of my
Signature of Di	ssociating Member or Resi	gning Manager
1	he Florida docu 21000085385 he date this me Gagan D. Ka (Print N MANAGER this limited lial signation in write Signature of Di	f State is: SCALEUP INVESTMENTS L the Florida document/registration number a 21000085385 the date this member/manager withdrew/re Gagan D. Kalra (Print Name of Person Resigning) MANAGER