

L22000102347

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CREER INVESTMENTS LLC

Please Debit 120000000257 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREER INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 122000102347

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUISA ELENA CUADRADO
Name of Person

DIEGO L. RESTREPO, P.A.
Name of Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913
Address

CORAL GABLES, FLORIDA 33134
City/State and Zip Code

luisa@restrepolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA ELENA CUADRADO at (305) 447-9430
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

GONZALO A. TAMAYO

, hereby resigns as

Name of Registered Agent

Registered Agent for CREER INVESTMENTS LLC

Name of Limited Liability Company

L22000102347

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

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