# L24000221155

(Red	questor's Name)	
(Add	dress)	· <del></del>
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





200432055232

07/01/24--01002--012 \*\*SS.00

PILED

124 JUL -1 PH 2: 33

#### **COVER LETTER**

_	tration Section ion of Corporations		
SUBJECT:	AJX Investment Group LLC		
505/13011	(Name of Limite	ed Liability Com	ipany)
The enclosed	member, resignation or dissociate	tion and fee(s)	are submitted for filing.
Please return	all correspondence concerning th	nis matter to:	
Stephen L. Vins	son, Jr., Esq.		
	(Contact Person)		•
Stephen L. Vin:	son, Jr., P.A.		
	(Firm/Company)		-
1200 Brickell A	Ave, Suite 920		
	(Address)		-
Miami, FL 331	31		
	(City/State and Zip Code)		-
For further in	nformation concerning this matter	r, please call:	
Isamary Vinsor	n	305 at (	375-9510
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple  ☐ \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



### FILED

2024 JUL - 1 PM 2: 33

TALLAHASSEE, FLORIDA

#### 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: AJX	Investment Group LLC
2. The Florida docu L24000227155	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. 1. Alberto Sierra (Print N	hereby withdraw/resign as a large of Person Resigning)
Member	
of this impled his resignity in his	(Print Title) bility company and affirm the limited liability company has been notified of my ting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)