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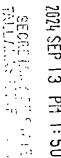
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(Address)
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COVER LETTER

TO:		stration Section ion of Corporations						
SUBJ	ECT:	SOLID GROUND INVESTMEN						
SCDO		(Name of Limited Liability Company)						
The er	nclosed	I member, resignation or disse	ociatio	on and fee((s) are submitted for filing.			
Please	return	all correspondence concerni	ng this	matter to	:			
JOSE S	SOTO G	OICO						
		(Contact Person)			-			
SOLID	GROU	ND INVESTMENT, LLC						
		(Firm Company)			_			
5610 N	W 1147	TH PL APT 221						
		(Address)			_			
DORA	.L., FL 3.	3178						
		(City/State and Zip Code)			- -			
For fu	rther in	nformation concerning this m	atter, p	olease call	:			
JOSE S	SOTO G	ioico	at	917	794-7755			
	(N	ame of Contact Person)	u.	(Area Cod	e & Daytime Telephone Number)			
	sed ple 5 Filing	ase find a check made payabl g Fee			Department of State for: ng Fee & Certified Copy			
		ng Address: stration Section			Street Address: Registration Section			
	Divis	ion of Corporations			Division of Corporations			
		Box 6327 hassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



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)

	limited liability company as it a	appears on the records of the Flor	rida De	partmo	ent
2. The Florida docu L24000286116	ment/registration number assig	ned to this limited liability comp	any is: ≧∽	202	
4. I,	,	ew/resigned or will withdraw/resign is:, hereby withdraw/resign as a	'5/2024'	2024 SEP 13	- J
MEMBER	me of Person Resigning) Print Title)			PM 1: 49	3
resignation in wri	· •	mited liability company has beer	r notifie	ed of n	ıy
	\$25.00 (Required) \$30.00 (Optional)				