

(Re	equestor's Name)	
(Ac	ldress)	——————————————————————————————————————
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Ві	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT: Name of Limited 1	Liability Company
DOCUMENT NUMBER: M12000002051	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitte
Please return all correspondence concerning this mat	tter to the following:
ROBERT PAYNE	
Name of Person	
AMICORP SERVICES LTD	
Name of Firm/Company	
1001 BRICKELL BAY DR, SUITE 2306	
Address	
MIAMI, FL, 33131	
City/State and Zip Code	
R.PAYNE@AMICORP.COM	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, pleas	se call:
ROBERT PAYNE 30.	5 4164730 ea Code Daytime Telephone Number
Name of Person Are	ea Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

TO:

Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2014

ROBERT PAYNE AMICORP SERVICES LTD 1001 BRICKELL BAY DR., STE. 2306 MIAMI, FL 33131

SUBJECT: INVENTI 777 INVESTMENTS LLC

Ref. Number: M12000002051

We have received your document for INVENTI 777 INVESTMENTS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 014A00019713



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		
AMICORP US DIRECTORS SERVICES LLC	, hereby resigns as	
Name of Registered Agent		
Registered Agent for INVENTI 777 INVESTMENTS LLC		-
Name of Limited Liability Company		_,
M12000002051		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known a	iddress.	
The agency is terminated and the office discontinued on the 31st day after the date on which this state. Signature of Resigning Agent	ement i	s filed.
If signing on behalf of an entity;	14 SI	
Typed or Printed Name Officer Capacity	SEP 30 FM 3: 22	SHALE CONFIDENCE OF THE CONFIDENCE OF SHALE OF S
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ withdrawn limited liability company	שאו	±

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