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(Cit	y/State/Zip/Phone	; #)
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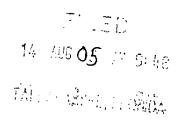
R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Lu Cor Investments (Name of Limited Liability Con			
The er	nclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please	return all correspondence concerning this matter to:			
	Lucesita Rivera (Contact Person)	_		
h	a Cor Truestments, LLC (Firm/Company)	_		
<u>6</u>	742 Forest Hill Blud Stell (Address)	<u>1</u> 48		
Wes	St Palm Beach, 71. 33413-3 (City/State and Zip Code)	<u>3</u> 321		
For further information concerning this matter, please call:				
	(Name of Contact Person) at (56) (Area Code	543-3240 & Daytime Telephone Number)		
	sed please find a check made payable to the Florida I Filing Fee \$\square\$\$\$ \$55 Filing	Department of State for: g Fee & Certified Copy		
Registr Division Cliftor 2661 E	ET/COL/RIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)





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	imited liability company as it appears on the records of the Florida Departmen	ıt
of State is:	u Cor Investments, LhC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
<u> M1410</u>	00002287	
3. The date this me	nber/manager withdrew/resigned or will withdraw/resign is: 7 30 14	
	hereby withdraw/resign as a me of Person Resigning)	
	Print Title)	
of this limited lial resignation in wr	ility company and affirm the limited liability company has been notified of my	,
Signature of Di	sociating Member or Resigning Manager	
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	