P1200049499

(Requestor's Name)	
(Address)	
, ,	
(A.I.I.	
(Address)	
(City/State/Zip/Phone #)	
•	
. PICK-UP WAIT MAIL	
(Dulley Fath, Name)	
. (Business Entity Name)	
(Document Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LMG FAMILY VENTURES,	INC.
(Name of Corporati	on)
DOCUMENT NUMBER: P12000049499	
The enclosed Officer/Director Resignation for a Corporation a	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
LIZA GONZALEZ	
(Name of Person)	
Columbo Private Inv Agency	
(Name of Firm/Company)	
8004 NW 154 Street, Suite 595	
(Address)	
Miami Lakes, FL 33016	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
L. Gonzalez at (305)	567-2767
(Name of Person) (Area Code &	d Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARCOS A. GONZALEZ-BALB	OA , hereby re	Direc	tor	
<u> </u>	, nereby re	231E11 92	(Title)	
of LMG Family Ventures,				
P12000049499 (Name of Corp., a co	,	nized under the la	aws of the State	of
(Document Number, if known) Florida				
Dated: April 10, 20	re of resigning off	icer/director)	II MY	
STATE OF FLORIDA			TO TO	
COUNTY OF MIAMI-DADE		,~.		تميي
Sworn to and subscribed before me	this 10 th day o	f April 2018 by	Marcos A. Gon	zalez-
Balboa who produced his driver's license	as identification	n and who did ta	ke an oath.	
	Hay De	WELIC, State of	heg Florida	
My Commission expires:				

M. Cristina Rodriguez
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF951674
Expires 3/7/2020