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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations	·
SUBJECT: EGE GROUP, CO	<i>Ç</i>
(Name of Limited Liat	outry Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
JUAN PABLO WULFF (Contact Person)	₹,
(Contact Person)	
	<u> </u>
(Firm/Company)	
1750 NW 107 th AVE, OFF NM-16 (Address)	<u>o </u>
(Address)	
MIAMI, FLORIDA 33172	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, plea	se call:
	786) 9916716
(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	•
∑ \$25 Filing Fee □ \$5	5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	ranamissee, rionga 32314



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:	EGE GROUP,	LLC
_	ment/registration number	assigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/r	resigned or will withdraw/resign is: $\frac{03/08/20/6}{20/6}$
	سسمين د	, hereby withdraw/resign as a
MANA	Print Title)	
of this limited liab		the limited liability company has been notified of my
ten	rgutnmurgh	
Signature of Dis	sociating Member or Res	signing Manager
_	\$25.00 (Required) \$30.00 (Optional)	