16000035532

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(City	//State/Zip/Phone	₹)
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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Office Use Only



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2022 MAY 23 PH 1: 00 SECRETARY OF STATE

COVER LETTER

TO: Reg	istration Section		
	ision of Corporations		
SUBJECT:	7 Development Group, LLC		
	(Name of	Limited Liability Co	ompany)
The enclose	ed member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to	;
Leonides Paya	ares		
	(Contact Person)		
7 Developmer	nt Group		
	(Firm/Company)		
2776 SW 31 F	Place Miami Fl 33133		
	(Address)		_
Miami Fl 331;	33		
	(City/State and Zip Code)		_
For further i	nformation concerning this n	natter, please call	:
Leonides Paya	ares	305 at (7647252
(1)	Same of Contact Person)		e & Daytime Telephone Number)
Enclosed pla ■ \$25 Filin	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)



FILED 2022 HAY 23 PH 1: 00

SECRETARY OF STATE 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)

	evelopment Group LLC	
2. The Florida do L16000035532	cument/registration numbe	r assigned to this limited liability company is:
3. The date this n	nember/manager withdrew	resigned or will withdraw/resign is:
4. I, Leonides Payares (Print Name of Person Resigning)		, hereby withdraw/resign as a
(<i>Print</i> Tittle Manager	Name of Person Resigning)	
	(Print Title)	<u>-</u> ·
of this limited l resignation in v		n the limited liability company has been notified of my
J=P	Dissociating Member or Re	
Signature of I	Dissociating Member or Ro	signing Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	