## 103000036626

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## COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: LUMAS (Name of Limited Lia		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
(Contact Person)		
LUMAS Group  (Firm/Company)		
11209 Sw 112=	+	
(City/Stite mult/Aip/Opdi)de)	76	
For further information concerning this in attest epipels a wallall:		
	305) 484 5488 rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the F □ \$25 Filing Fee □ \$5	lorida Department of State for: 5 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
2001 LACOUNT COMO CHOC	i ananassee, i'iunua 34314	

Tallahassee, Florida 32301

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 limited liability company as it appears on the records of the Florida I	Department
of State is: LUMAS Group LLC	<del></del>
2. The Florida document/registration number assigned to this limited liability company	
L030000 366 26	29
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	
4. I, UIMA MACHADO hereby withdraw/resign as a	02
(Print Name of Person Resigning)	
MANA996 (Print Title)	
of this limited liability company and affirm the limited liability company has been not resignation in writing.	ified of my
Vilue Moderalo	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	