

LO6 0000 66177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

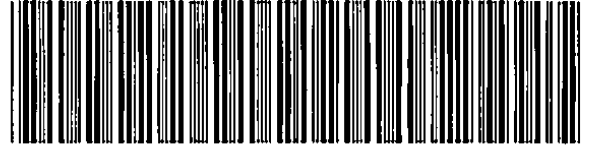
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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JUN 25 2019

FILED  
2019 JUN 12 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

Diss/Resign  
member

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEYOND INVESTMENTS GROUP, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SCHETTINO, ALINA

(Contact Person)

BEYOND INVESTMENTS GROUP, LLC

(Firm/Company)

P. O. Box 266858

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

SCHETTINO, ALINA

(Name of Contact Person)

954

598-4032

at ( )

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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: BEYOND INVESTMENTS GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L06000066177

3. The date this ~~member~~/manager ~~withdrew~~/resigned or will ~~withdraw~~/resign is: 6/8/2019

4. I, Alfredo D. Vega, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2019 JUN 12 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FL