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SECRETARY OF STATE AS SECRETARY OF CORFORATIONS OF CORFORATIONS

J. BRYAN
JUL 2 9 2008
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Aurum Group, LLC	
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Nilsan Henriquez	
(Contact Person)	
Aurum Group, LLC	
(Firm/Company)	
3946 Estepona Ave	
(Address)	
Doral, FL 33178	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
NIIsan Henriquez	at (305) 5464712
(Name of Contact Person)	(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
1 41141145550, 1 101144 52501	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: //ul	rum Group, LLC			 0 V
2. This limited liab Florida	ility company was organized	under the laws of:		08 JUL 28 PH 2:
3. The Florida doc L0700011 2		`this limited liability company	vis:	PH 2: 14
4. I, Nelene He	enriquez Jame of Person Resigning)	, hereby resign as a MG	GR (Print Title)	
of this limited lia resignation in wr	bility company and affirm th	e limited liability company ha Ul 2 Iember or Manager		d of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			•