L07000125907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

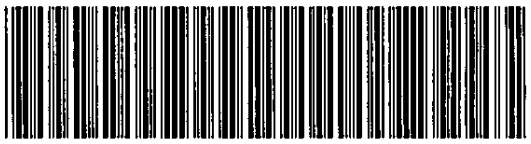
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 14 AM 9:29

DC 5/6

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OTTIMO 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:

ADRIANA MORENO
(Contact Person)

WXC CORPORATION
(Firm/Company)

8300 NW 53RD. STREET SUITE 305
(Address)

DORAL, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA MORENO at (305) 742-2187
(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:
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

CR2E079 (2/14)

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TALLAHASSEE, FLORIDA

15 APR 14 AM 9:29

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: OTTIMO GROUP, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L07000125907.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2013

4. I, LUIS COLMENARES, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER.
(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)

April 1, 2015

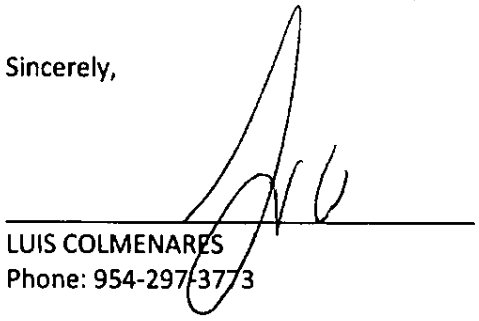
Internal Revenue Service
M/S 6273
Ogden, UT 84201
Fax Number: 801-620-7116

REF. OTTIMO GROUP, LLC.
FEIN: 26-1623285

TO WHOM IT MAY CONCERN:

The purpose of this letter is to inform you that I have not been member of the Limited Liability Company mentioned above since January 1, 2013, therefore, I kindly request to withdraw my name of any matter related to said company.

Sincerely,



LUIS COLMENARES
Phone: 954-297-3773