

**L090000 70321**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐ WAIT

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MAIL

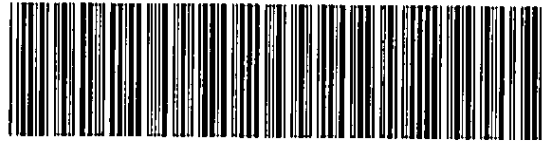
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**FILED**

**2019 APR -3 PM 5:30**

**CLERK OF SUPERIOR COURT**

**C. GOLDEN**

**APR 11 2019**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MACSEA 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:

EUGENIO F. JAIME

(Contact Person)

(Firm/Company)

6528 US HIGHWAY 301 SOUTH - SUITE #107

(Address)

RIVERVIEW, FL 33578

(City/State and Zip Code)

For further information concerning this matter, please call:

EUGENIO JAIME

(Name of Contact Person)

at ( 813 ) 600-7229

(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

FILED

2019 APR -3 PM 5:30

FILE  
MACSEA GROUP, LLC

**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: MACSEA GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000070321

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2018

4. I, EUGENIO F. JAIME, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(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)