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14 APR 18 PH 2: 52 SECRETARY OF STATE ALLAHASSEEF FLORID

C. LEWIS

APR 2 4 2014

EXAMINER

CÖVER LETTER

Registration Section TO: Division of Corporations Veralogic Group LLC **SUBJECT:** (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: Alejandro Barrere (Contact Person) Veralogic Group LLC (Firm/Company) 2001 Tyler St. #215 (Address) Hollywood, Fi. 33020 (City/State and Zip Code) For further information concerning this matter, please call: Alejandro Barrere (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 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

APPROVILE AND FILED



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SECRETARY OF STATE TALLAHASSEE, PLORIDA

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)

	e limited liability company as it appears on the records of the Florida Departalogic Group LLC	rtment
2. The Florida docu	ument/registration number assigned to this limited liability company is:	
L0900010141	8	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	
4. I, Daniel Guria		
	Name of Person Resigning)	
Managing Pa	artner	
	(Print Title)	
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified iting.	of my
Signature of Di	issociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	