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Office Use Only



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01/31/14--01011--021 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: SCOPI 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:

LEONARDO LEPIANE
(Contact Rerson)
(Ping Company)
555 NE 34 ST #1107
(Address)
MIAMI, FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO LEPIANE	_{at (} 305	301-7180
(Name of Contact Person)	(Area Code & Daytime Telephone Num	

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 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a OPI GROUP LLC	s it appears on the records of	the Florida Department
2. The Florida doc L11000087	-	of this limited liability compa	any is:
3. The date this me	ember withdrew or will with	draw is: 1/1/2014	
4. I. ANGELICA	N PAZ	, hereby resign as a MGRM	
· ————	Name of Person Resigning)	, 1101009 1001511 410 41	(Print Title)
resignation in		ne limited liability company	has been notified of my
			ES T
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (12/13)