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SECRETAINY OF STATE

J. BRYAN

OCT 1 9 2012

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: CARVALHO GROUP L	Liability Company)		
	• • •		
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning thi	s matter to:		
Jesus Sanchelima, Esq.			
(Contact Person)			
Sanchelima & Associates, P.A.	2012 TALL		
(Firm/Company)	DCT AH		
235 SW Le Jeune Road	ASSE ASSE		
(Address)	ing R		
Miami, FL 33134	2012 OCT 18 PM 1: 04 SECRETARY OF STATE TALLAHASSEE.FLORID		
(City/State and Zip Code)	Di +		
For further information concerning this matter,	please call:		
	447-1617		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the			
\$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		
51 Executive Center Circle Tallahassee, Florida 32314			

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li of State is: CAF	mited liability company as it RVALHO GROUP L	appears on the records _C	s of the Florida Dep	oartment	
2. This limited liabiling FLORIDA	ity company was organized u	nder the laws of:			
3. The Florida docum L12000027	nent/registration number of the 7653	nis limited liability cor	mpany is:		
4. I, VICTOR W	V. STEWART	, hereby resign as a	Managing M	1embe	er
(Print Name of Person Resigning)			(Print Title)		
of this limited liabi	lity company and affirm the		iny has been notified	2012 OCT	71
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ASSEE. FLORID,	18 PH 1:04	ILED