

L12000027653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

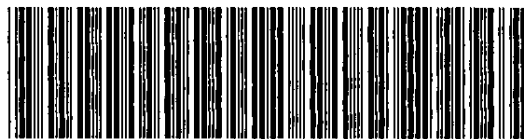
Special Instructions to Filing Officer:

**A. LUNT**

OCT 24 2012

**EXAMINER**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2012 OCT 22 PM 4:46

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARVALHO GROUP LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jesus Sanchelima, Esq.  
(Contact Person)

Sanchelima & Associates, P.A.  
(Firm/Company)

235 SW Le Jeune Road  
(Address)

Miami, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jesus Sanchelima at ( 305 ) 447-1617  
(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

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TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: CARVALHO GROUP LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

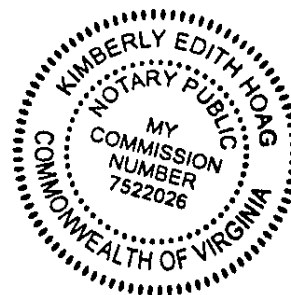
3. The Florida document/registration number of this limited liability company is:  
L12000027653

4. I, NORMA A. STEWART, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



CR2E079 (5/06)

Commonwealth of Virginia, City of  
Virginia Beach Acknowledged and  
sworn before me this 1st day of Oct 2016  
Kimberly Edith Hoag  
Notary Public for Commonw. of Va.  
11/30/2016