112000043317

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· ·
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SEPIES 2013

COVER LETTER

Division of Corporations	
SUBJECT: DELTA EQUITY 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:	
MARIO KAFETZIS (Contact Person)	
DELTA EQUITY GROW, LLC (Firm/Company)	
Po Box 970003 (Address)	
BORA RATON, FL 33497	
For further information concerning this matter, please call: MARIO KAFETTIS at (S61) 699-158 0 5	ا الح.
MARIO KAFETZIS at (561) 699-1580 5	North Commercial
(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 \$25 Filing Fee & Certified Copy \$25 Filing Fee & Certified Cop	J

STREET/COURIER ADDRESS:

Registration Section

TO:

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 (2/14)



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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: DELTA EQUITY GROUP, LLC
2. The Florida document/registration number assigned to this limited liability company is:
<u>L12000043317</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{AUG27/20}{}$
4. I, VIVIAN KAFETZIS, hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGING MEMBER and AMBR (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 of Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) -7 To be sent to: Vivian Katos Kafetzii
Vivian Katos Katetzu
CR2E079 (2/14) P. C. Box 977 000 3

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