## L12000149716

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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
over or corporations	
SUBJECT: MAJOMI GROUP LLC	
	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
LEIVA, ALEJANDRO	
(Contact Person)	<del></del>
MAJOMI GROUP LLC	
(Firm/Company)	
1222 NW 192ND AVE PEMBROKE PINES	, FL 3302§
(Address)	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Alejandro Leiva	786 828-2469
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
िरिक्त Belieft g	2.22 B or 63.13
2661 Executive Center Circle	Taliahassee, Florida 32314
Tallahassee, Florida 32301	A Francisco Control of the Control o

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)

	limited liability company as JOMI GROUP LLC	it appears on the records of the	Florida Department
2. The Florida doc L1200014971		ssigned to this limited liability c	company is:
		signed or will withdraw/resign is	
MGR	Name of Person Resigning)  (Print Title)	, hereby withdraw/resign a	
of this limited lia resignation in w	ability company and affirm th	ne limited liability company has	
U	\$25,00 (Required) 830,69 (Optional)		2018 NOV 13 SECRETARY TALLAHAS