L14000022849

(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
	,				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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84/13/19--6100/--003 **25.00



APR 26 2020 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: YAELI GRO (Name of Limited)	DO P Liability Con	npany)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:	
MARCELO SCHAMY		
(Contact Person)		_
YAELI GROUP LLC		
(Firm/Company)		-
4770 BISCAYNE BLVD SUITE 1280		
(Address)		_
MIAMI , FL, 33137		
(City/State and Zip Code)		-
For further information concerning this matter,	please call:	
MARCELO SCHAMY		450-6220
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

Υ	he limited liability company as i AELI GROUP LLC		
2. The Florida do L14000022	ocument/registration number ass 849	signed to this limited liability o	company is:
ROYAL M	member/manager withdrew/resig	gned or will withdraw/resign i	
(Prin	t Name of Person Resigning) R AND REGISTER	, hereby withdraw/resign a	as a
of this limited resignation in-	(Print Title) itability company and affirm the	是 Timited liability company 是	
SOTT	Model Dissociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)