## L14 000035621

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
ial Instructions to Filing Officer:

Office Use Only



900337421579

127U3/19--01017--015 \*\*L5.00

2020 J.:: 22 FH I2: 30

R. WH'TE JAN 2 4 2020

## **COVER LETTER**

TO: Regist	tration Section		
Divisi	ion of Corporations		
SUBJECT:	TEAM DAEDALUS LLC		
	(Name of	Limited Liability Cor	mpany)
The enclosed	member, resignation or diss	sociation and fee(s	s) are submitted for filing.
Please return	all correspondence concerni	ing this matter to:	
Claudio Benede	etti		
	(Contact Person)		_
	(Firm/Company)		-
1680 Michigan	Ave Ste 910		
	(Address)		-
Miami Beach, F	FL 33139		
	(City/State and Zip Code)		_
For further in	formation concerning this m	natter, please call:	
Claudio Benede	etti	786 at (	3903177
(Na	nme of Contact Person)		& Daytime Telephone Number)
Enclosed plea	ase find a check made payab	ole to the Florida I	Department of State for:
■ \$25 Filing	Fee	☐ \$55 Filing	g Fee & Certified Copy
			0
	g Address: tration Section		Street Address: Registration Section
_	ion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
	nassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)

TO:



January 10, 2020

CLAUDIO BENEDETTI 1680 MICHIGAN AVE STE 910 MIAMI BEACH, FL 33139

SUBJECT: TEAM DAEDALUS LLC

Ref. Number: L14000035621

We have received your document for TEAM DAEDALUS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resigning member/manager must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 720A00000741



## 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: TEAM	M DAEDALUS LLC	<del></del>
2. The Florida docu L14000035621	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. 1. Giovanni Lumia (Print Name of Person Resigning)		. hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lial resignation in wri	bility company and affirm titing.	the limited liability company has been notified of my
	emi Juni	
Signature of Di	ssociating Member or Resi	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	