

L14 000070974

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CUEVAS & GRIFF, P.A.
Account Number : 120030000123
Phone : (305) 461-8500
Fax Number : (205) 448-7300

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accounting@cuevaslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIVE GROUP INTERNATIONAL, LLC

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TALLAHASSEE, FLORIDA

MAY 16 2014

C. CARROTHERS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 14 AM 9:43

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE GROUP INTERNATIONAL, 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:

Andrew Cuevas, Esq

(Contact Person)

Cuevas & Associates, P.A.

(Firm/Company)

7480 SW 40 STREET, SUITE 600

(Address)

MIAMI, FLORIDA 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW CUEVAS, ESQ

(Name of Contact Person)

305

at ()

461-9500

(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



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: FIVE GROUP INTERNATIONAL, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L14000070976
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/13/2014
4. I, MARIO CAPALDO, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(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 or Resigning Manager

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

CR21079 (2/14)

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TALLAHASSEE, FLORIDA