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TO: Registration Section

CR2E079 (2/14)

Division of Corporations	
SUBJECT: EQUIMEFLO GROUP, LLC	
(Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
ARISSAY C TOVAR PEROZA	
(Contact Person)	_
EQUIMEFLO GROUP LLC	
(Firm/Company)	_
340 RQCQUET CLUB ROAD #101	TALLAHASSE TALLAHASSE
(Address)	
WESTON, FLORIDA 33226	JAN 19 F
(City/State and Zip Code)	
For further information concerning this matter, please call:	ORIGE T
ARISSAY C TOVAR PEROZA 954	670-7231
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida E \$25 Filing Fee \$55 Filing	Department of State for: g 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)

	limited liability company as	it appears on the records of the Florida Departmen
2. The Florida doc L1500010301		signed to this limited liability companya:
4. I, ALBINE A G	ARCIA	gned or will withdraw/resign is:
		e limited liability company has been notified of my
Signature of D Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ning Manager