

7/17/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1600057488

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : 120160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: consulting@larsonacc.com

FILED
JUL 17 2019
TALLAHASSEE, FLORIDA

19 JUL 17 AM 8:17

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AZUL VIAGENS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

8/11/2019 11:06 AM

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZUL VIAGENS 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:

CAROLINE LARSON

(Contact Person)

LARSON ACCOUNTING GROUP

(Firm/Company)

7901 KINGSPONTE PKWY STE 17

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 370-3686
(Name of Contact Person) (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: AZUL VIAGENS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000057488

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/15/2019

4. I, JUAREZ CINTRA PEREIRA NETO, 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.

A handwritten signature in dark ink, appearing to be "J. Cintra Pereira Neto", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

FILED
19 JUL 17 AM 8:47
TALLAHASSEE, FLORIDA
CLERK OF THE DIVISION OF CORPORATIONS