

L16 000 126449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

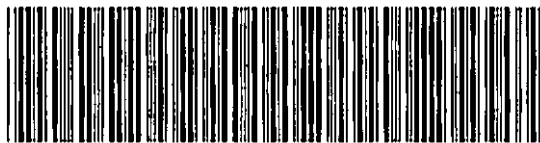
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/18--01030--012 **25.00

2018 APR 13 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: CONQUEST CAPITAL GROUP, LLC

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

L16000126449

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/9/2018

4. I, Maria Camila Murata, 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 black ink, appearing to read "Camila Murata", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONQUEST CAPITAL GROUP, 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:

MCCULLOUGH, STEPHEN D
(Contact Person)

CONQUEST CAPITAL GROUP, LLC
(Firm/Company)

2702 A WEST OAKLAND PARK BOULEVARD
(Address)

FORT LAUDERDALE, FL 33311
(City/State and Zip Code)

For further information concerning this matter, please call:

MEHREZ, ALAN at (716) 907-8836
(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

2018 APR 13 AM 10:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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