## L16000165367

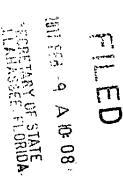
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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**S Warren** FEB 1 0 2017

## COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations
SUBJECT: Calvados Group LLL (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:
Manuel D. Gronzalez (Contact Person)
Calvados Group LLC (Firm/Company)
2611 Wilson Blud. W. (Address)
Laples, FL 34120 (City/State and Zip Code)
For further information concerning this matter, please call:
Manuel D. Granzalez at (239) 307-7864  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee
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 app	pears on the records of the Florida Departme	ent
	,	ed to this limited liability company is:	
L1600	7165367		
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is: 2/1/2017	1
4.1, Manue	D. Gronzalez,		
AM	SR (Print Title)		
of this limited lia resignation in wr	• •	ited liability company has been notified of m	ıy
Signature of Di	ssociating Member or Resigning N	Manager	! •
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ARY OF STA	てフ