L16000175399

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



700306063087

700806068087 11/14/17--01003--030 **25.88

17 DEC 19 PM 2: 52

S. WARREN DEC 2 1 2017



December 4, 2017

FLAVIA VIDAL DE MELLO 5401 S KIRKMAN RD, SUITE 204 ORLANDO, FL 32819

SUBJECT: UNITED COUPONS MEDIA GROUP LLC

Ref. Number: L16000175399

We have received your document for UNITED COUPONS MEDIA GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00024341

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: UNITED COMPONS HEDDA 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:				
FLAVIA VIDAL DE MELLO (Contact Person)				
(Firm/Company)				
1085 5 HAWASEE RD SUITE 513				
ORIANDO, FL 32835 (City/State and Zip Code)				
For further information concerning this matter, please call:				
HAVA VIDAL DE MELLO at (32] 4429724 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$25 Filing Fee \$\Pi\$ \$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



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 lin	nited liability company as it appears on th	e records of the Florida Department
of State is: <u>VX)</u> [ED DUPONS HEDLA GR	OUP LC
2. The Florida docum	ent/registration number assigned to this li	mited liability company is:
<u>L1600017</u>		
3. The date this mem	ber/manager withdrew/resigned or will wi	thdraw/resign is: 03/0//
4. I. FLAVK VID	L DE UFLLO, hereby w ne of Person Resigning)	,
MANAGER	int Title)	
of this limited liabil resignation in writing	ity company and affirm the limited liabiling.	y company has been notified of my
- Hiro Vidal	debello	
Signature of Diss	ociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	17 OE
certified copy.	ωσο.οο (ορτιοπαι)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1