

L16000225900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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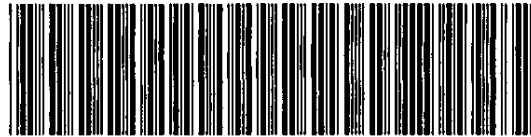
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

D. BRUCE  
FEB 24 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SYNERGY GROUP ASSET MANAGEMENT, 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:

JOAO PAULO DUPUI

(Contact Person)

JOAO PAULO DUPUI, P.A

(Firm/Company)

421 SW 24TH ROAD

(Address)

MIAMI, FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

JOAO PAULO DUPUI

(Name of Contact Person)

at ( 786 ) 383-7494  
(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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*[Handwritten Signature]*  
Feb. 9<sup>th</sup> / 2017



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: SYNERGY GROUP ASSET MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000225900

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/09/2017

4. I, Joao Paulo Dupui, 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.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2017 FEB 23 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Signature]  
Feb 9th / 2017