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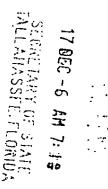
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COVER LETTER

Registration Section TO: **Division of Corporations** Good Lead Consulting Group LLC SUBJECT: (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: Jack Beraha (Contact Person) Good Lead Consulting Group LLC (Firm/Company) 1401 Lee road, suite 200 (Address) Orlando, FI 32810 (City/State and Zip Code) For further information concerning this matter, please call: Jack Beraha (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



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)

	e limited liability company as in the liability compan	it appears on the records of the Flo	orida Department
2. The Florida doc £1600023004	· ·	signed to this limited liability com	pany is:
Manager- Lu of this limited lia resignation in wa	terprises LLC Name of Person Resigning) is Paulo Luppa de Olivei (Print Title) ability company and affirm the riting. - Docustagued by:	gned or will withdraw/resign is:, hereby withdraw/resign as a limited liability company has bee	EC-6 AH 7:
Signature of D Filing Fee: Certified Copy:	រិទីនិសិន្តិម៉ែស្ត្រីម៉ែតែmber or Resign \$25.00 (Required) \$30.00 (Optional)	ing Manager	