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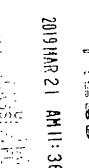
(Requestor's Name)					
(Address)					
(A:	ddress)				
(C	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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C. GOLDEN
177 - 1. 2019

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CALVIA GROUP L (Name of Limited Liability Com					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
LUCIANA TERLIZZI (Contact Person)					
CALULA GROUP LLC (Firm/Company)					
11114 SW 15 th MANOR (Address)					
DAVIE FL 33324 (City/State and Zip Code)					
For further information concerning this matter, please call:					
LUCIANA TERLIZZI at (954 (Name of Contact Person) (Area Code	330 4889 & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset \$\sumset\$ \$\sumset					
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				

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)

1. The name of the	limited liability c	ompany as it app	pears on the records of the Florida Department
of State is:	CALULA	GROUP	LLC
2. The Florida docu	ment/registration	number assigne	d to this limited liability company is:
<u>L17 ØØØ</u>	051241		
3. The date this mer	mber/manager wi	thdrew/resigned	or will withdraw/resign is: $03/10/2019$
4. i, <u>ADRIANA</u> (Print No.	TERLIZZI ume of Person Resign	iing)	hereby withdraw/resign as a
MANAG	Print Title)		
of this limited liab resignation in wri	•	d affirm the lim	ited liability company has been notified of my
Adrian	a Felisz	į	
Signature of Dis	ssociating Members	er or Resigning l	Manager
Filing Fee: Certified Copy:			-

2019 HAR 21 AM 11: 36

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