117000 137612

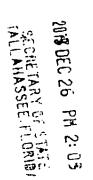
(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
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COVER LETTER

	Division of Corporations	•	0.00 mg 2.00 m
SUBJE	CCT: TEAM TALENT GROUP LLC		
	(Name of Limite	d Liability Com	npany)
The end	closed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please r	return all correspondence concerning th	is matter to:	
Eduare	d Baltar		
	(Contact Person)		-
GLSC	& Company		
	(Firm/Company)		-
6303 E	Blue Lagoon Drive, Suite 200		
	(Address)	<u> </u>	-
Miami,	, FL 22126		
	(City/State and Zip Code)		-
For furt	ther information concerning this matter	, please call:	
Eduard	d Baltar	305	373-0123 ext 112
	(Name of Contact Person)		& Daytime Telephone Number)
	ed please find a check made payable to Filing Fee		epartment of State for: 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

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 company	y as it appears on the records of the Florida Department
of State is:	M TALENT GROUP L	LC .
2. The Florida doc	ument/registration numbe	er assigned to this limited liability company is:
L1700013761	2	
3. The date this me	mber/manager withdrew	/resigned or will withdraw/resign is:
4. I, Arturo C Gue	evara Tame of Person Resigning)	hereby withdraw/resign as a
AMBR		
resignation in wr	iting.	n the limited liability company has been notified of my
Signature of D	issociating Member or Re	esigning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	