

217000 156596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

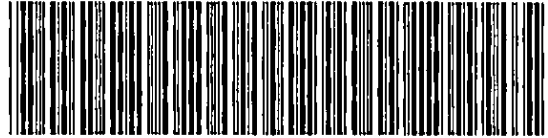
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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BRUCE  
JAN 28 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4INSIGHTS INFORMATICA LTDA -ME, 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:

VICTOR H APONTE, CPA

(Contact Person)

CMA SYSTEMS, INC

(Firm/Company)

130 HIDDEN COURT ROAD

(Address)

HOLLYWOOD, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

MAURICIO CARVALHO

(Name of Contact Person)

at ( +55 )

11-97497-3807

(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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2019 JAN 22 AM 9:44  
TALLAHASSEE, FLORIDA



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: 4INSIGHTS INFORMATICA LTDA -ME, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L17000156596
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/11/2019
4. I, MAURICIO C CARVALHO, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR  
(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)

2019 JAN 22 AM 9:44  
TAMPA, FLORIDA  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED