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COVER LETTER

COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Cryptocurrency Consultancy Group Limited Liability Company (Name of Limited Liability Company)				
TO: Registration Section Division of Corporations		THE STATE OF THE S	EC 26 PA	
SUBJECT: Cryptocurrency Consultancy Group Limited Liability Company				
(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:				
Jorge Barreto				
(Contact Person)				
Cryptocurrency Consultancy Group LLC				
(Firm/Company)				
915 NW 197th Ave				
(Address)				
Pembroke Pines, FL 33029				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Jorge Barreto	786 at (356-4408		
(Name of Contact Person)		& Daytime Telephone Number)	•	
Enclosed please find a check made payable to t \$\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\oldsymbol{\ondsymbol{\oldsymbol{\oldsymbol{\oldsy		epartment of State for: Fee & Centified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

		s it appears on the records of the Florida Department Group Limited Liability Company
2. The Florida docu L18000059853	•	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
Ion Mara Chr	anlotto	, hereby withdraw/resign as a
(Print No	ame of Person Resigning)	
(Print Title)	
of this limited liab resignation in wri		ne limited liability company has been notified of my
Jon Ma	arc Chanlatte	
Signature of Di	ssociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	