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TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations STACCATO 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: SABRINA V MATHEUZ OVIEDO (Contact Person) STACCATO GROUP LLC (Firm/Company) 11230 NW 84TH ST (Address) **DORAL, FL 33178** (City/State and Zip Code) For further information concerning this matter, please call: at (786) 816-8827 SABRINA V MATHEUZ OVIEDO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle 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)

	e limited liability company as it	appears on the records of the Flo	orida Depart	ment
2. The Florida doc L1800008147		gned to this limited liability com	npany is:	i
📌 CARLOS E.	BIANCULLI MENDOZA	ned or will withdraw/resign is: _		—
MANAGER	Name of Person Resigning)	, hereby withdraw/resign as a		
of this limited lia resignation in w		limited liability company has bed	en notified o	fmy
	Biawli Dissociating Member or Resignin	ng Manager		
_	\$25.00 (Required) \$30.00 (Optional)			