LIBOOVO9461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200328303982

04/29/19--01001--027 **25.00

Z:11 1/47 28 A 5: 5:

D SCOTT MAY 29 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2019

RODRIGO BLASINI 2730 SW 3RD AVE SUITE 701 MIAMI, FL 33129

SUBJECT: REACH INSIDE OUT, INC

Ref. Number: P15000030081

We have received your document for REACH INSIDE OUT, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name and document number don't match, pleae revise application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 919A00009466

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1SS Group, LLC			_
(Name of Lim	ited Liability Co	mpany)	•
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:		
Rodrigo Blasini		- <u>-</u> <u>-</u> <u>-</u>	23
(Contact Person)		;·	ب
1SS Group, LLC			17 28
(Firm/Company)		_	>
2730 SW 3rd Avenue, Suite 701			cù cù
(Address)		- :	
Miami, FL 33129			
(City/State and Zip Code)	-1,1	_	
For further information concerning this matter	er, please call		
Rodrigo Blasini	305	965-9846	
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314	
Tallahassee, Florida 32301			

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

		ION OF MEMBER, MA	
FLORI		IMITED LIABILITY C	OMPANY 🗒
	(Pursuant to 605	.0216, Florida Statutes)	-=
			·
			.ə · _
1 The Cale	Programme Company of the company	ta a a a a a a a a a a a a a a a a a a	
		as it appears on the records of	the Florida Department
of State is:	Group, LLC		្រា
2. The Florida doc		assigned to this limited liabili	ty company is:
3. The date this mo	ember/manager withdrew/r	esigned or will withdraw/resig	on is: 04/24/2019
4. l. Estela Serra	no	hereby withdraw/resi	vm 00 0
·	Same of Person Resigning)	, hereby withdraw/resi	gii as a
Manager	, , ,		
	(Print Title)	,	
of this limited lia resignation in wr		the limited liability company	has been notified of my
	WS Seven	التنعسيه	
Signature of D	issociating Member or Res	signing Manager	
	\rightarrow		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		