

L18000173093

(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



800361525208

03/23/21--01020--023 **50.00

2021 MAR 23 PM 4:21
STATE
TALLAHASSEE, FLORIDA

Ja

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Title One Team, 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:

Paul M. Pantozzi II

(Contact Person)

Title One Team

(Firm/Company)

2214 Lucerne Ter., Suite 100

(Address)

Orlando, FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul M. Pantozzi II

407 591-3726
at ()

(Name of Contact Person)

(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: Title One Team, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000173093

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/31/2021

4. I, Raimundo Veloso, Manager of Alpha Brain Investments, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

1/25/2021

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2021 MAR 23 PM 4:21
STATE
TALLAHASSEE, FLORIDA