

L19000 018 309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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11/25/19--01029--003 --25.00

11/25/19  
DIVISION OF CORPORATION  
19 NOV 25 AM 9:35

JAN 04 2021  
C. MOHR

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAKEOFF GROUP LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9:35

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRUNO GUEDES

\_\_\_\_\_  
(Contact Person)

TAKEOFF GROUP LLC

\_\_\_\_\_  
(Firm/Company)

8177 Glades Road - Suite 109

\_\_\_\_\_  
(Address)

Boca Raton / FL - 33434

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruno Guedes

561

430-8822

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9: 85

**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: TAKEOFF GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000018309

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/01

DIOGO MAGALHAES,  
4. 1. \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

\_\_\_\_\_  
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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