

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L1900034549

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PLATINUM TAX FILING INC
Account Number : I20230000076
Phone : (305)644-9144
Fax Number : (305)489-5914

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAUMA GROUP LLC**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SEP 19 2024

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAUMA GROUP 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:

ELVIS DIAZ
(Contact Person)

PLATINUM TAX FILING INC
(Firm/Company)

1770 W FLAGLER STREET STE 5
(Address)

MIAMI FL 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

ELVIS DIAZ 305 644-9144
(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

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: LAUMA GROUP LLC
2. The Florida document/registration number assigned to this limited liability company is:
L19000034549
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-31-2023
4. I, GASTON MAXIMILIANO MONARDO, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER MEMBER
(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)