9/19/24, 2:52 PM

To:

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003199103)))



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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 : (305)489-5914 Fax Number

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

Email	Address:	

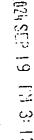
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAUMA GROUP LLC

Certificate of Status	0	
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SEP 1 9 2024



To:

## **COVER LETTER**

TO: Registration Section	Registration Section Division of Corporations						
Division of Corporations							
SUBJECT: LAUMA GROUP LLC							
(N	ame of Limited Liability Company)						
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.						
Please return all correspondence co	oncerning 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 C	Code)						
For further information concerning	this matter, please call:						
ELVIS DIAZ	305 644-9144 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	☐ S55 Filing Fee & Certified Copy						
Mailing Address:	Street Address:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32314	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)

2. The Florida doc L19000034549	cument/registration number as	signed to this limited liability company is:	
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is: 12-31-2023	
4. I, GASTON MAX	IMILIANO MONARDO	, hereby withdraw/resign as a	
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a	
MANAGER ME	MBER		
	(Print Title)		
resignation in w	6.44 General Member of Resign	e limited liability company has been notified o	, 
Filing Fee:	\$25.00 (Required)	•	12021
Certified Copy:	\$30.00 (Optional)	•	1024 SEP 19
			716
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CR2E079 (2/14)			