

L19000181752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

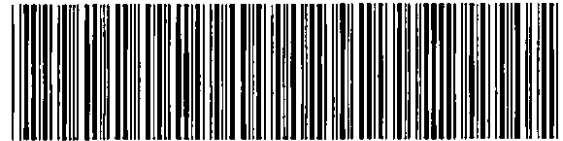
Special Instructions to Filing Officer:

J DENNIS

SEP 22 2023

R. 8.24.23

Office Use Only



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09/18/23--01028--002 ♦♦55.00

05/16/23--01029--008 ♦♦35.00

FILED
2023 AUG 24 AM 8:06
SECRETARY OF STATE
DIVISION OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magellan Consulting 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:

Rui GONCALVES
(Contact Person)

MAGELLAN CONSULTING GROUP LLC
(Firm/Company)

600 NE 27TH ST APT 3404
(Address)

MIAMI / FLORIDA / 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

Rui GONCALVES at (786) 440.2127
(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



FILED
2023 AUG 24 AM 8:01
SECRETARY OF STATE

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: MAGELLAN CONSULTING GROUP LLC.

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

L19000181752.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022

4. I, PAOLA MACHADO DANIZZON, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER
(Print Title)

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

P. Danizzón

Signature of Dissociating Member or Resigning Manager

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