495340

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
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FILED DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: M.C.L. INC.	(Name of Corporation)
405	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: 495	340
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Mario Sueiras	
(Name of Per	son)
A1 68 10	
(Name of Firm/Co	ompany)
8224 SW 84th Avenue	
(Address)	
Miami, FL 33143	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Mario Sueiras	at (305) 270-0879 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Lillam Suelras	, hereby resign as Secretary (SD)	
7	(Title)	
of M.C.L. INC.		
(Name o	f Corporation)	
495340 (Document Number, if known)	., a corporation organized under the laws of the State of	
Florida	÷	
	and Sulva gnature of resigning officer/director)	
(31)	gnature of resigning officer/director) The state of the	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314