## 102000027362

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Mellor Investment Gro	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Liz M. Guardia	
(Contact Person)	
Mellor Investment Group LLC	07
(Firm/Company)	JAN
12940 SW 128 St. Suite #20	O7 JAN 29 PH
(Address)	PH 2
Miami, Florida 33186	2: 29
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Liz M. Guardia	<sub>(</sub> 305 <sub>)</sub> 260-9555
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for:  \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of	of the Florida Department
of State is: Mellor Investment Group LLC	
2. This limited liability company was organized under the laws of:  Florida	
3. The Florida document/registration number of this limited liability comp $L0200027362$	·
Alina martinez, as prosident of 4 on 4. I, behalf of Rosmel Investments Inc, hereby resign as a	Managing/Member
(Print Name of Person Resigning) of this limited liability company and affirm the limited liability company resignation in writing.	(Print Title)  has been notified of my
Amf	
Signature of Resigning Member, Managing Member or Manager	SECR DIVISION 07 JAI

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: