# LOSCOODAIIS

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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#### **COVER LETTER**

TO: Registration Section				
Division of Corporations				
SUBJECT: MLH Investment Group, LLC.  (Name of Limited Liability Company)				
Please return all correspondence concerning this matter to:				
Anne Herstol				
(Contact Person)	_			
Prince CPA Group	_			
(Firm/Company)	-			
9161 Narcoossee Road Ste 202				
(Address)	~			
Orlando, FL 32827				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
Anne Herstol 407	823-8230			
(Name of Contact Person) (Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida D	Pepartment of State for:			

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

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



### 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)

	ne limited liability company as it ap .H Investment Group, LLC.	opears on the records of the Florida Department
2. The Florida do L0 <b>5</b> 0000021	-	ed to this limited liability company is:
17 - 14 - D		d or will withdraw/resign is: 1130/14 _, hereby withdraw/resign as a
1 loun 1 J	iability company and affirm the lingriting.  Dissociating Member or Resigning	mited liability company has been notified of my 16 NOV 21 AN 10: 21 Manager
Filing Fee:	\$25.00 (Required)	10NS

Certified Copy:

\$30.00 (Optional)