05000114386	
(Requestor's Name) (Address) (Address)	500081202195
(City/State/Zip/Phone #)	11/15/0601024003 **25.00
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MIM GROVE, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mauro Scattolini

(Contact Person)

Mim Grove, LLC

(Firm/Company)

10544 NW 26th Street - Ste. E 202

(Address)

Doral, Fl. 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Mauro Scattolini	at (305) 594 1098
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (5/06)	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

- FILED FILED 06 MON 15 AM II: 35 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MIM GROVE, LLC
- 2. This limited liability company was organized under the laws of: Florida
- 3. The Florida document/registration number of this limited liability company is: L05000114386

, hereby resign as a Manager 4. I. Maria V. Burgos (Print Name of Person Resigning)

(Print Title)

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

Signature of Resigning Managing Member or Manager

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

CR2E079 (5/06)