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TALLAHASSEE, FLORIDA

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TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: MAIL GROUD -	SOLUTIONS L.L.C.		
(Name of Lim	nited Liability Company)		
Th			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
41 1/1/			
MARCOS VALLE			
(Contact Person)			
(Firm/Company)	·		
,			
243 SE GTH AVE			
243 SF 6TH AVE (Address)			
1	•		
TREPEIUM Brock F	. 3344/		
(City/State and Zip Code)			
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For further information concerning this matt	er, please call:		
Mr. Wall	£® € T		
MARCOS VALLE	at (954) 295 - 5150 =		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
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Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			

CR2E079 (2/14)



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)

	. / /	any as it appears on the re		da Department
		ober assigned to this limite		ny is:
 The date this me I, MARCO 	mber/manager withdre	ew/resigned or will withdr	aw/resign is:	u 1, 2015
	Print Title)	irm the limited liability co	ompany has been	notified of my
resignation in wr	4 7	7	SEC	2815 JUL
	ssociating Member or \$25.00 (Required)	Resigning Manager	RY OF STA	-2 P I:
_	\$30.00 (Nequired)		ACIE V	20