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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations MCG LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **Christopher Myers** (Contact Person) MCG LLC (Firm/Company) PO Box 611660 (Address) Miami, Florida 33261 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Myers 305 9041124 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

М	ne limited liability company as it CG LLC	•	lorida Department
2. The Florida do L07000021	cument/registration number assig	gned to this limited liability co	mpany is:
Oliver Mut	nember/manager withdrew/resign h, PhD Name of Person Resigning)	_	
of this limited l resignation in v Signature of l	(Print Title) iability company and affirm the lyriting. Dissociating Member or Resignir		16GDEC -2 PM 3: 24 DIVISION OF CONSCIONATIONS
Filing Fee	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)