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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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SECRETARY OF STAIC DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MCCCO Tmports, 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:
Sara Cuervo (Contact Person)
Mecca Imports, LLC (Firm/Company)
6760 Cleveland Street
HOLLYNOOD, FL 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
Sora Cuervo at (954) 91057292 (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 \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS: Projection Specifican
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 loof State is:	imited liability company as	s it appears on the records o	of the Florida Dep	partmei	nt ·
2. This limited liabi	lity company was organized	d under the laws of:			
L07000	ment/registration number o				
4. I, Guille (1	MO CUE (VO ume of Person Resigning)	, hereby resign as a _	MGRM (Print Title)	mar	lager)
	ility company and affirm th				
Guel	Li Cu				
Signature of Resig	gning Member, Managing N	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			07 AUG 17 AH I	FILED SECRETARY OF S DIVISION OF CORPOR
					33

CR2E079 (5/06)