107000098130

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

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SECTION OF STATE

DII OCT 21 AMII: 5

T. HAMPTON

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUB	JECT: MRT Group, LLC (Name of Li	imited Liability Company)
The e		or manager resignation and fee(s) are submitted for
Please	e return all correspondence concernin	ng this matter to:
Fre	d Telischi	
	(Contact Person)	
MR	T Group, LLC	
	(Firm/Company)	
530	1 OAK LANE	
	(Address)	
MIA	MI, FL 33156	
	(City/State and Zip Code)	
For fi	orther information concerning this ma	atter, please call:
JOA	ANNE ROSE TELISCHI	_at (_305) 333-2105
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
	ion of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
raliai	nassee, Florida 32301	

CR2E079 (5/06)



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 of State is: MR	limited liability company as T Group, LLC	it appears on the records of the Florida Department	
2. This limited liabi Florida	lity company was organized	under the laws of:	
3. The Florida docu L070009		this limited liability company is:	
4. I, Mark Ried (Print No	lmiller nme of Person Resigning)	, hereby resign as a managing member (Print Title)	r
of this limited liab		c limited liability company has been notified of my	
Signature of Resig	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:		2011 OCT 21 TALLAHASSE	

CR2E079 (5/06)