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COVER LETTER

CR2E079 (5/06)

TO: Registrati Division of	on Section of Corporation	ns		
SUBJECT:	ML	GROUP	Localnos, ed Liability Company)	LLC
		(Name of Limit	ed Liability Company)	
The enclosed men	mber, managi	ng member or r	nanager resignation a	and fee(s) are submitted for
Please return all	corresponden	ce concerning tl	nis matter to:	
REINALDO	D. 1	LERNANDE		
	(Contact Pi	erson)		
ML GR	OUP NO	LDINGS,	LLC	
	·			
15021 AUN				
16910	(Address		<u> </u>	
	,	•		
MIAMI	(City/State and	7 330 Zip Code)	0/6	
For further inform	nation concer	ning this matter	, please call:	
REINALDO A	D ILERNA	NOTZ	at (186) 22	3 0404 ime Telephone Number)
(Name	of Contact Per	son)	(Area Code & Dayt	ime Telephone Number)
Enclosed please f	and a check n	nade payable to	the Florida Departm	ent of State for:
	\$25 Filing Fe	ee]\$55 Fili	ng Fee &
	•		— Certi	ified Copy
STREET/COUR	RIER ADDRI	ESS:	MAIL	ING ADDRESS:
Registration Sect		-	Regist	ration Section
Division of Corpo			-	on of Corporations
Clifton Building				ox 6327
2661 Executive C			Tallah	assee, Florida 32314
Tallahassee, Flor	ida 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	limited liability company	as it appears on the reco	ords of the Florida D)epartmen
of State is:	ML GLOUP	HULDINGS,	446	·
2. This limited liab	ility company was organiz	zed under the laws of:		
	ument/registration number	of this limited liability o	company is:	
•	O. GON ZALEZ Jame of Person Resigning)			
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability com	npany has been noti	fied of my
Signature of Res	igning Member, Managing	3 Member or Manager		∃
	\$25.00 (Required) \$30.00 (Optional)			AUG 15 PH
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