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EXAMINER



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COVER LETTER

Division of Corporations	
SUBJECT: MX QUALITY SCULCES (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fe filing.	ee(s) are submitted for
Please return all correspondence concerning this matter to:	
XIMENA BUSTAMANE (Contact Person)	·
MX ONCULTY SCENICE) (Firm/Company)	
4686 NW 1116T	
DOICU, PL 33176 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Name of Contact Person) (Name of Contact Person) (Area Code & Daytime To	4345 . elephone Number)
Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee \$55 Filing Fe Certified 6	e & .
Registration SectionRegistrationDivision of CorporationsDivision ofClifton BuildingP.O. Box 63	Corporations

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	limited liability company	y as it appears on the record	ds of the Florida	Departm	nent
of State is:	ix evallity s	elvices			<u>_</u> ·
2. This limited liabi	lity company was organ	ized under the laws of:			
3. The Florida docu		er of this limited liability co	ompany is:		
4. I, HAVA (Print Na	L. DE ROJE(S) me of Person Resigning)	, hereby resign as	a Hanag	L1 . itle)	_
		n the limited liability comp	any has been no	tified of	my
resignation in writ	lefored				
Signature of Resig	ning Member, Managin	g Member or Manager	agree (e.		0
Filing Fee:	\$25.00 (Required)	•		09 DEC 17	SECRET
Certified Copy:	\$30.00 (Optional)			17)FRY
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CR2E079 (5/06)					