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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ				_	
	(Name of Limi	ited Liability Com	apany)		
The en	nclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.		
Please	return all correspondence concerning	this matter to:			
LAZA	RO HERNANDEZ				
	(Contact Person)		•		
MHL	EXPRESS LLC				
	(Firm/Company)		•	16 AI	7
9686	FONTAINEBLEAU BLVD # 111			16 AUG -1 AM 10: 0	BULKING
	(Address)	· · · · · · · · · · · · · · · · · · ·	•	A	
MIAMI FL 33172					
•	(City/State and Zip Code)		•		
For fu	rther information concerning this matte	r, please call:			
LAZA	RO HERNANDEZ	786	340-7336		
	(Name of Contact Person)	_ \	& Daytime Telephone Number)	-	
	sed please find a check made payable to Filing Fee		epartment of State for: Fee & Certified Copy		
	ET/COURIER ADDRESS:		MAILING ADDRESS:		
•	ration Section		Registration Section		
	on of Corporations n Building		Division of Corporations P.O. Box 6327		
	Executive Center Circle		Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (2/14)



## 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)

	the limited liability company a	as it appears on the records of the Florida	Departme	ent 
2. The Florida d		assigned to this limited liability company	is:	
3. The date this	member/manager withdrew/re	esigned or will withdraw/resign is:	-2016	_
ΔΩΔΤΔ Μ	ISTRETTA	, hereby withdraw/resign as a		
MMCD			16 AU	SECRE
	(Print Title)		3-	NSSK N
of this limited resignation in	liability company and affirm to writing.	he limited liability company has been not	ified of n	nyn Sic
<u> ao</u>	5 Thelwo		9	ğĦ
Signarure of	Dissociating Member or Resig	gning Manager		
Filing Fee:	\$25.00 (Required)			

\$30.00 (Optional)

Certified Copy: