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B. BOSTICK
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EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: M L INVESTIGATION AND BODYGUARD SERVICES 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: Mario Lopez (Contact Person) M L INVESTIGATION AND BODYGUARD SERVICES LLC (Firm/Company) 1275 West 47 Place, Suite 450 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 496-3060 (Area Code & Daytime Telephone Number) Mario Lopez (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **✓** \$25 Filing Fee \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

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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: ML	limited liability company as it	appears on the record D BODYGUARD	s of the Florida D SERVICES	eparti LLC	ment
2. This limited liabi Florida	lity company was organized u	nder the laws of:			
3. The Florida docu L10000055	ment/registration number of the 410	his limited liability con	mpany is:		
4. I, Ricardo Ro	osario nme of Person Resigning)	, hereby resign as a	Manager (Print Title	•)	
·	ility company and affirm the	limited liability compa	•	,	îmy
Gi (Sp. 2			SEU) TALL!		
Signature of Resta	guing Member, Managing Me	mber or Manager	WHASSE	1 MAR I 4	TOTAL COMMEN
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ur ŝTATI E. Florii	AM IO: I	