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J. BRYAN

SEP 2 1 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MN25 LLC	
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
Miguel Garate	
(Contact Person)	<del></del>
MN25 LLC	
(Firm/Company)	EP 2
16275 SW 88 Street #33	SEP 20 AM 11: 18 CRETARY OF STATE ANASSEE, FLORH
(Address)	F S
Miami FL, 33196	OR HIS
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Miguel Garate at ( 305	322-5905
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  [] \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	1 anamassee, 1 1011da 32317

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: MN	limited liability compar	ny as it appea	rs on the records o	of the Florida Department
			_	
2. This limited liab 1/31/2011	oility company was organ	nized under tl	ne laws of:	
-		·		
3. The Florida doc <u>L1100001</u> 4. I, Nicole Fel	•	··	3	
· — · — · — · — · — · — · — · — · · — · · — ·	Name of Person Resigning)	, ne	reby resign as a 1	(Print Title)
resignation in wr	iting. He FC	7		has been notified of my
Signature of Res	igning Memb <b>é</b> r, Managi	n <b>g Me</b> mber o	r Manager	T' IL SEP 20 ECRETARY LLAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			O AM