## 11000098420

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
· ——					
Special Instructions to Filing Officer:					





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T. CLINE

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EXAMINER

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
SUB	JECT: MGDT, LLC				
	(Name of Li	mited Liability Co	ompany)		
The e	enclosed member, managing member of	or manager resi	ignation and fee(s) are submitt	ted fo	or
Pleas	e return all correspondence concernin	g this matter to	:		
David	d Tunnell		<u></u>		
	(Contact Person)				
MGD	T, LLC		_		
	(Firm/Company)				
710 l	NE 118th St				21117
	(Address)				W.
Bisca	ayne Park, FL 33161		्र <i>0</i> •	6 년년 6 2년 작 1년 17 35	26
	(City/State and Zip Code)			3 (1) 1 (2)	5-
For fi	urther information concerning this ma	tter, please call			2:53
David	d Tunnell	at ( 786	343-0006		
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number	r)	
Enclo	osed please find a check made payable		Department of State for:		
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	stration Section	· · · · · · · · · · · · · · · · · · ·			
	ion of Corporations	Division of Corporations P.O. Box 6327			
	on Building Executive Center Circle		Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 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 of State is: MGI		it appears on the records of the	e Florida Department	
2. This limited liab	ility company was organized	d under the laws of:		
3. The Florida docu L1100009842	<del>-</del>	f this limited liability company	is:	
4. I, Mike Gruener		, hereby resign as a MGRM		
(Print N	ame of Person Resigning)		(Print Title)	
resignation in wr	iting.	e limited liability company has	been notified of my	
J	gning Member, Managing N	Member or Manager	To the state of th	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			