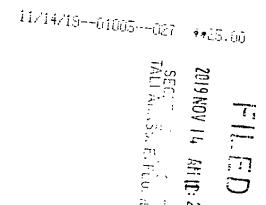
## L12000 125 529

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400336776894



Y SULKER DEC 1 0 2019

## COVER LETTER

Division of Corporations
SUBJECT: MN Global LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MARK SIMS (Contact Person)
MN Global LLC (Firm/Company)
3080 NE 200 th AVE (Address)
Williston Fl. 32696  (City/State and Zip Code)
For further information concerning this matter, please call:
MARK SIMS  at (352) 529-212)  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sigma\$ \$25 Filing Fee \$\sigma\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

1. The name of the	limited liability	company as it	appears on the records of the Florida Department
of State is:	MN	6lobal	LLC
2. The Florida docu	ıment/registratio	on number assi	gned to this limited liability company is:
L 12001	0 125529	7	·
3. The date this me	mber/manager v	withdrew/resign	ned or will withdraw/resign is: 1/1/2020
(Print N MANA	ame of Person Res GE 1— (Print Title) bility company:	and affirm the	mg Manager
Filing Fee: Certified Copy:	\$25.00 (Req \$30.00 (Opt	•	· .