43000 58265

(Requestor's Name)				
(Address)				
(Address)				
(Ĉity/State/Zip/Phone	e #)			
PICK-UP WAIT	MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations					
MGT Network Group LLC					
	ited Liability Co	тралу)			
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning t	this matter to:				
Richard Storino					
(Comact Person)		_			
MGT Network Group LLC					
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_			
16850 Collins Ave., Suite 112-108			- (2010	
(Acdress)		_		330	1
Sunny Isles, FL 33160				1113	 :
(City/State and Zip Code)		_		D	
For further information concerning this matter	r, please call:	:	• .	بب	
Richard Storino	305	842-7104	5	હા	
(Name of Contact Person)	- '\	e & Daytime Telephone Number)			
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy			

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

L. The name of the li	imited liability company as	s it appears on the records of the Florida Department
of State is: MGT	Network Group LLC	
2. The Florida docum L13000058265		ssigned to this limited liability company is:
3. The date this mem	nber/manager withdrew/res	signed or will withdraw/resign is: 11/30/2018
4. I. <u>——————</u>	arragan	, hereby withdraw/resign as a
(Print Nar MBR	me of Person Resigning)	
- (P	Print Title)	
of this limited liabi resignation in writi		ne limited liability company has been notified of my
Signature of Diss	sociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)