## L13000/69936

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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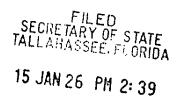
SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 2 9 2015 T. CARTER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MC GALVIS LLC		
(Name of Limi	ted Liability Con	npany)
The enclosed member, resignation or dissocia	ation and fee(s	) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
CAROLINA CAMPUZANO		
(Contact Person)		_
MC GALVIS LLC		
. (Firm/Company)		-
3785 NW 82ND AVENUE, #115		
(Address)		-
DORAL, FL 33178		
(City/State and Zip Code)		<u>.</u>
For further information concerning this matte	r, please call:	
CAROLINA CAMPUZANO	305	846-1483
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		repartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





## 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)

		٠,	3	
1. The name of the	limited liability company as	it appears o	n the records o	of the Florida Department
MC	GALVIS LLC	**	,1.	
of State is:	<del></del>	,	, ,	<u> </u>
2. The Florida doc	ument/registration number as	ssigned to th	is limited liabi	lity company is:
L1300016993	6			
		- 1 · · · · · · · · · · · · · · · · · ·	F 34-1 /	3/1/2014
3. The date this me	mber/manager withdrew/res	igned or will	i withdraw/res	ign is:
4. I, MARIA C. G	ALVIS	, hereb	y withdraw/res	sign as a
(Print N	lame of Person Resigning)			
MANAGER			,	
	(Print Title)			
_	bility company and affirm th	e limited lia	bility company	has been notified of my
resignation in wr	iting.			
_ Haug	theuful 1	Mario C	c. Galvis	
Signature of D	issociating Member or Resig	ming Manag	er	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			