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COVER LETTER

TO: Registratio Division o								
SUBJECT:	\sim	LINE	HOLDING5	UC				
		rNa	me of Limited Liability Cor	mpany)				
The enclosed men	iber, re	signation o	or dissociation and feets	s) are submitted for filing.				
Please return all ed	orrespo	ndence cor	neerning this matter to:					
Alejo	indra	Be	110	_				
	(Co	niact Person)						
ML	INE	HOLDI	NGS LLC	_				
	(Fir	m/Company)						
7104	ساک	112th	Ave	-				
	ι.	Address)						
MIAMI	FL	3317	-3	_				
	(City/S)	tate and Zip Co	ode)					
For further information concerning this matter, please call:								
Alcjano	l o l Conta	Bello et Person)	at (<mark>3 o \$</mark> (Area Code	3 • 2 - 16 49 & Daytime Telephone Number)				
			payable to the Florida I	Department of State for: 2 Fee & Certified Copy				
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, Florid	on rations enter C	ircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

CR21 079 (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)

1. The name of the	: limited liability	company as it a	ppears o	on the records of the	Florida Department
of State is:	M LINE	HOLDING	65	LLC	
	-	n number assigr	ned to th	is limited liability ed	
L1700	00186235		_ ·		: £
			ed or wil	l withdraw/resign is:	9/5/17 5
4.1. JUAN	MIJARE	5	hereb	y withdraw/resign a:	64 C 148
(Print)	Name of Person Resig	gningr			
MAN	AGE R				
	(Prim Tule)				
of this limited lia resignation in wr		nd affirm the lin	nited lia	bility company has b	been notified of my
X	1 Jy				
Signature of I	issociating Meml	per or Resigning	g Manag	er	
Filing Fee:	\$25.00 (Requ	iired)			
Certified Copy;	\$30.00 (Option	onal)			