

L18 000 171 671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

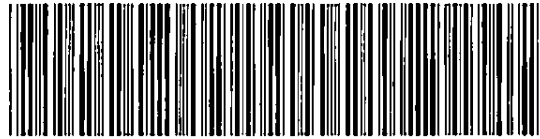
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900432815509

13/11/24--0100--000 **00.00

2024 JUL 11 PM 11:54
SECRETARY OF STATE
FALLA, C. J. 21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&C GROUP USA 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:

LIRINIS CORRALES

(Contact Person)

M&C GROUP USA LLC

(Firm/Company)

247 LAS BRISAS CIR

(Address)

SUNRISE, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

LIRINIS CORRALES

(Name of Contact Person)

at (786) 598-9697
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUL 11 AM 11:54
SECRETARY
TALLAHASSEE
FIDELITY



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)

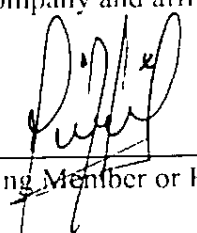
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: M&C GROUP USA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000171671

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/07/2024

4. I, HERMOGENES MEDINA, hereby withdraw/resign as a
(Print Name of Person Resigning)
PRESIDENT
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

RECEIVED BY STATE
DIVISION OF CORPORATIONS
2024 JUN 11 AM 11:54