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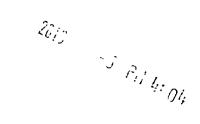
AUG 1 2 2019 I ALBRITTON

COVER LETTER

CR2E079 (2/14)

TO:	_	stration Section sion of Corporations		
	171713	sion of Corporations		
SUBJ	JECT:	MINE SOLUTIONS, LLC		
		(Name of L	imited Liability Con	npany)
The e	nclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e returr	all correspondence concernin	g this matter to:	
Octa	vio Ro	driguez		
		(Contact Person)		_
		(Firm/Company)	<u> </u>	-
31 S	E 5th	Sreer # 301		
		(Address)		_
Mian	ni, Fl 3	3131		
		(City/State and Zip Code)		_
For fi	irther i	nformation concerning this ma	tter, please call:	
Octa	vio Ro	driguez	305 at (525-6071
	(1)	Jame of Contact Person)		& Daytime Telephone Number)
	sed plo 5 Filing	ease find a check made payable g Fee		Department of State for: Fee & Certified Copy
_		OURIER ADDRESS:		MAILING ADDRESS:
_		Section		Registration Section
	ion of (on Build	Corporations		Division of Corporations P.O. Box 6327
		uing tive Center Circle		Tallahassee, Florida 32314
		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)

	limited liability company as it a	appears on the records of the Florida Department
2. The Florida doc	ument/registration number assig	gned to this limited liability company is:
L1900009226	9	
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. I. Sotil	lo	hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Ju	issociating Member or Resignin	<u></u>
Signature of D	issociating Member or Resignin	ng Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	