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#### **COVER LETTER**

Division of Corporations	
MLG PROJECTS LLC SUBJECT:	
(Name of Limited Liabil	ity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to:
MIRIAM GONZALEZ VIRVIESCAS	
(Contact Person)	
(Firm/Company)	
5726 TUSCANY TER	
(Address)	
TAMARAC FLORIDA 33321	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
MIRIAM GONZALEZ VIRVIESCAS 954 at (	
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	
■ \$25 Filing Fee □ \$55	Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303



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### 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)

	e limited liability company	y as it appears on the records of the Florida Department
2. The Florida doc	ument/registration numbe	er assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/	resigned or will withdraw/resign is:
4. I,YENITZA ARA	NGO	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	<u>-</u> ·
of this limited lia resignation in w		n the limited liability company has been notified of my
Signature of D	issociating Momber or Re	esigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	