2/10/2017

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845 Resubmission, please keep file date of 02/10/2017

LLC DISSOLUTION OR WITHDRAWAL MGM INTERNATIONAL GROUP LLC

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COVER LETTER

TO: Registration Division o	on Section f Corporations				
MGM SUHJECT:	International Group, LLC				
50102011	(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam	:				
The enclosed withd	rawal and fee(s) are submitte	ed for filing.			
Please return all con	respondence concerning this	matter to the following	; ;		
	(Name of Person)		-		
ما بالله على الله في الله المام المام المام والله المام والله المام الما	(Firm/Company)	andro-magnicinal persons, A resolvent for the magnicinal services some	-		
	(Address)		-	2017 TALL	
	(City/State and Zip Coo	le)	•	FEB	ì
For further informat	ion concerning this matter, p	,	,	FEB 10 A IO: AHASSEE, FLOR	
(7)	ame of Person)	at (at (Area Code &	. Daytime Telephone Numb	0: 56 INTE ORIDA	
Registration Section Regist Division of Corporations Division Clifton Building P.O. B		LING ADDRESS: tration Section on of Corporations lox 6327 assee, Florida 32314			
Enclosed is a check	for the following amount:				
Cl \$25 Filing Fcc	Cl \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Fiting Fee, Certificate of Statu	s &	

Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	7512-2-3717	arena diaki	Till an man				** ****
	(Name of li	miled man	inty compan	ز ر ا			•
Delaware							
	(Jurisdicti	on of its o	rganization))			
August 28, 2008							
(Date r	registered wi	th Florida	Department	of State)			
M08000003965							
***************************************	(Florida	Documen	i Number)				
This limited liability company is	s withdrawi	ing its cor	tificate of a	uthority in	this state.		
Male		1			ALC:	2017	nest (SS)
Mark Greenberg	Signature o	f authoriz	ed represer	ntative)	RETAR	FEB 1	
	(Typed or	r printed i	name of sig	nee)	Y OF STATE EE, FLORID	0 A 10: 5t	

Filing Fee: \$25.00