

M17000004541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

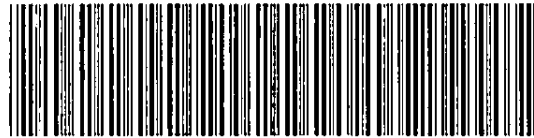
Copies _____

Certificates of Status _____

Instructions to Filing Officer:

J. HORNE
MAY - 3 2023

Office Use Only



600407900026

2023 MAY -2 AM 11:11
SECRETARY
TALLAHASSEE
D

2023 MAY -2 PM 3:20
J. HORNE
MAY - 3 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 714616 8060509

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 2, 2023

ORDER TIME : 1:44 PM

ORDER NO. : 714616-040

CUSTOMER NO: 8060509

FOREIGN FILINGS

NAME: MGL MF INVESTMENTS, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2023 MAY -2 AM 9:11
SECRETARY OF
TALLAHASSEE

MGL MF Investments, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

May 26, 2017

(Date registered with Florida Department of State)

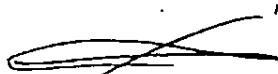
M17000004541

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Ricardo Caporal

(Typed or printed name of signer)

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGL MF Investments, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo Caporal

(Name of Person)

c/o TCG Advisors Corp

(Firm/Company)

1100 Brickell Bay Dr #310308

(Address)

Miami, FL 33231

(City/State and Zip Code)

For further information concerning this matter, please call:

Yanine Moreira

(Name of Person)

305

621-9607 ext 1007

at (_____) _____

(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy