9/11/2019

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARKO & MAGOLNICK, P.A.

Account Number : I20050000186

Phone : (305)285-2000

Fax Number : (305)285-5555

\*\*Enter the email address for this business entity to be used for future Co

annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN I.F. MULTICULTURAL INTERACTIVE SOLUTIONS, LLC

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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)

|  | Multicultural Interactive Sc             | it appears on the records of the Florida Dolutions, LLC | 1019      |
|--|--|---|-----------|
| 2. The Florida doci                      | _  | ssigned to this limited-liability company is            | $\sim$    |
| 3. The date this me                      | mber/manager withdrew/res                | igned or will withdraw/resign is:                       | ين        |
| 4. I, MCOA Mana                          | igement, LLC                             | , hereby withdraw/resign as a                           | 23        |
|  | lame of Person Resigning)                |   |           |
| Manager                                  |  |   |           |
| <del></del>                              | (Print Title)                            |   |           |
| of this limited lia<br>resignation in wr | • •                                      | e limited liability company has been notif              | icd of my |
| Signature of Di                          | ssociating Member of Resig               | ning Manager  |           |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional) |   |           |