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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MV2 LABORATOR (Name of Limited Liab	bility Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Memb	er or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Scott VANDERMARK (Name of Person)	
(Firm/Company)	
497 HillCREST AVE	
TETUSVILLE, FL 32796 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
(Name of Person) at (A)	321 514 5673 rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	Сегиней Сору



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SCOTT VANDERMARK, hereby resign as MEMBER		
(Title)		
or MV2 LABORATORIES LLC		
(Limited Liability Company)		
a limited liability company organized under the laws of the State of FLORIOA		
and affirm that the limited liability company has been notified in writing of the resignation.		
The		
(Signature of resigning manager, managing member or member)		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY 27 PM 3: 45

