

105000039443

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(Address)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MP CAPITAL INVESTMENTS, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ZVI RAFILOVICH, CPA

(Contact Person)

ZVI RAFILOVICH, CPA, P.A.

(Firm/Company)

2229 SHERIDAN STREET

(Address)

HOLLYWOOD, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

ZVI RAFILOVICH

(Name of Contact Person)

at ( 954 ) 921-0588

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



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\$55 Filing Fee &  
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**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



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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MP CAPITAL INVESTMENTS, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000039443

4. I, MONICA POSIN

(Print Name of Person Resigning)

hereby resign as a MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager