## L070000 46815

.\*.

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

A. LUNT

AUG -4 2008

**EXAMINE?** 

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TALLAHASSEE, FINAIE

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: M & M FORM, LLC.  (Name of Limited Liability Company)						
The enclosed member, managing member filing.	or manager resignation and fee(	s) are submitted for				
Please return all correspondence concerning	g this matter to:					
SUSAN LEBOEUF						
(Contact Person)						
(Firm/Company)		. =				
P.O. BOX 1026		7000 / SECR ALLA				
BOYNTON BEACH, FL. 33425	-1026	T J L E				
(City/State and Zip Code)		F S T A:				
For further information concerning this ma	atter, please call:	O3				
SUSAN LEBOEUF	at ( 954 ) 421-6191					
(Name of Contact Person)	(Area Code & Daytime Tele	ephone Number)				
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of S  \$55 Filing Fee & Certified Co	&				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7				
Tallahassae Florida 32301	i alianassee, r	1011UA JZJ 14				

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

3. The Florida document/registration number of this limited liability company is:  L07000046815  4. I, MARC LEMIRE  (Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been notified of resignation in writing.  Signature of Resigning Member, Managing Member or Manager	01 State 15.	M FORM, LLC.	<del></del>	TA S		·
3. The Florida document/registration number of this limited liability company is:  L07000046815  4. I, MARC LEMIRE  (Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been notified of resignation in writing.  Signature of Resigning Member, Managing Member or Manager		ility company was organized und	er the laws of:	ECRETARY LLAHASSE	2009 AUG - I	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.  Signature of Resigning Member, Managing Member or Manager	3. The Florida doci L07000046	ument/registration number of this 8815	limited liability com	OF:STATE E, FYORIDA	P #: 03	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.  Signature of Resigning Member, Managing Member or Manager		MIRE	, hereby resign as a	MANA	GER	
Signature of Resigning Member, Managing Member or Manager	(Print N	ame of Person Resigning)		(P	rint Title,	)
			ited liability compar	ny has be	en notif	ied of my
	Signature of Resi	gning Member, Managing Memb	er or Manager			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	<b>,</b>					