Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6383

Account Name : FOX & RAMUNNI, P.A.

Account Number : 120070000156 Phone : (863) 675-4646

Fax Number : (863)675-4174

C AMND/RESTATE/CORRECT OR M/MG RESIGN

M.M.C.N.F., LLC

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EXAMINER

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CR2E079 (5/06)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M.M.C.N.F., LLC	
(Name of Limited)	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
STEVEN A. RAMUNNI	
(Contact Person)	
FOX & RAMUNNNI, P.A.	SECOTALLE
(Firm/Company)	₹Ã B
110 N MAIN STREET	20 ARY VSSE
(Address)	
LABELLE, FL 33935	09 FEB 20 AM IO: 03 SECRETARY GF STATE ALLAHASSEE, FLORID
(City/State and Zip Code)	Dri 3
For further information concerning this matter, p	lease call:
STEVEN A. RAMUNNI at	863 675-4646
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	c Florida Department of State for: \$55 Filing Fee & Certified Copy
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

	imited liability company as I.C.N.F., LLC	it appears on the records	s of the Florida Depar	ment
2. This limited liabi	lity company was organized	under the laws of:		
3. The Florida docu L08000085	ment/registration number of	this limited liability cor	mpany is:	
4. 1, STEVEN A	RAMUNNI me of Person Resigning)	, hereby resign as a	MANAGING M	EMBER
of this limited liab resignation in writ	ility company and affirm th	e limited liability compa	ny has been notified o	09
Signature of Resig	thing Member, Managing M	fember or Manager	RETARY (AHASSEE	FEB 20
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OF STATE FLORIDA	AH DO: 03