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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MRE NOIOWA CONPANY 2LC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Genald R. EISVEL (Contact Person)
(Firm/Company)
11750 Shawred Rd. (Address)
Fort weep, FL 33913 (City/State and Zip Code)
For further information concerning this matter, please call:
Berald R. E15ver at (239) 271 - 4196 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$\sim \\$25 \text{Filing Fee} \square \\$55 \text{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

CR2E079 (2/14)



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)

1. The name of the	limited liability company a	s it appears on the rec	ords of the F	lorida Depart	ment
of State is: MRE	Holding Company, LLC				·
2. The Florida docu	ment/registration number a	assigned to this limited	d liability cor	mpany is:	
L10000018077	•				
3. The date this me	mber/manager withdrew/re	signed or will withdra	w/resign is:	1/1/2017	
4. I, Brian J. Dowi	ney ame of Person Resigning)	, hereby withdra	aw/resign as	a	
(Print No	ame of Person Resigning)	·			
Manager					1
((Print Title)				E TI
of this limited liab resignation in wri	oility company and affirm the	he limited liability cor	mpany has be	een notified o	
Signature of Di	ssociating Member or Resig	gning Manager		<i>:</i> ,	် သ
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				