211000113400

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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AUG 21 2017

COVER LETTER

SUBJECT: MBI PROJECT MANAGEMENT, LLC.	
(Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	ο:
LUCY MODRIC	
(Contact Person)	<u> </u>
MBI PROJECT MANAGEMENT	
(Firm/Company)	
9469 DEER CREEK CIR	2017 דאבר
(Address)	2017 AUS ALLAHAS
LAKE WORTH FL 33467	(SSE)
(City/State and Zip Code)	
For further information concerning this matter, please cal	T: 1801
MARK A GOBITAS 561	572-6259
· · · · · · · · · · · · · · · · · ·	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee	Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 as it a	ppears on the records of the Florida Department
of State is: MBI PROJECT MANAGEMENT,	LLC
2. The Florida document/registration number assign	ned to this limited liability company is:
L11000113400	
3. The date this member/manager withdrew/resigne	d or will withdraw/resign is: $\frac{3/17/17}{}$
, , MARK A GOBITAS	_, hercby withdraw/resign as a
4. 1. [Print Name of Person Resigning]	
DIRECTOR	AHAS
(Print Title)	88 E
of this limited liability company and affirm the lir	nited liability company has been notified of my
resignation in writing	
	10 A
Signature of Dissociating Member or Resigning	Manager
Filing Fee: $\sqrt{\$25.00}$ (Required)	
Certified Copy: \$20.00 (Optional)	