L12000016104

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

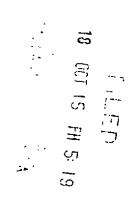
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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: MSWLS, LLC		
(Name of	Limited Liability C	ompany)
The enclosed member, resignation or diss	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to):
Harvey D. Rogers, Esq.		
(Contact Person)		_
Harvey D., Rogers, P.A.		
(Firm/Company)		 .
44 West Flagler Street Suite 1100		
(Address)		<u>-</u>
Miami, Florida 33130		
(City/State and Zip Code)		
For further information concerning this m	natter, please cal	1:
Harvey D. Rogers, Esq.	305	579-2100 de & Daytime Telephone Number)
(Name of Contact Person)	(Area Cod	de & Daytime Telephone Number)
Enclosed please find a check made payab. \$25 Filing Fee		
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee, 1 1011ua 525 14

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)

			ئن ئن
1. The name of the	limited liability company as	it appears on the records of the	Florida Department
of State is: MSV	VLS, LLC		
2. The Florida doc	ument/registration number as	signed to this limited liability co	ompany is:
L 1200007610	04.		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is	10/2/2018
4. I,	adares	haraby with Jenu/easign a	
(Print N	lame of Person Resigning)	, hereby withdraw/resign a	5 d
Managing Me	ember		
-	(Print Title)		
of this limited lia resignation in wr		e limited liability company has b	been notified of my
Signature of D	ssociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		