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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Militant	imited Liability Compa		
The enclosed member, resignation or disse	ociation and fec(s) a	re submitted for filing.	
Please return all correspondence concernir	ng this matter to:		
Mulaika John (Contact Person)	sur		
Militarts Music	Grup		
11125 SW LSSth Ter			
Micmi FL 33 (City/State and Zip Code)	151		
For further information concerning this matter, please call:			
Malaika Juhnsun (Name of Contact Person)	at ( <u>786</u> ). (Arca Code &	227 - 0942 Daytime Telephone Number)	
Enclosed please find a check made payabl \$25 Filing Fee		partment of State for: ee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: Registration Section Division of Corporations R.O. Box 6327 Callahassee, Florida 32314	

CR2E079 (2/14)

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)

1. The name of the limited liability company as it app of State is:	-
2. The Florida document/registration number assigned	to this limited liability company is:
3. The date this member/manager withdrew/resigned of the survey of the s	or will withdraw/resign is: 3/21/17 hereby withdraw/resign as a
of this limited liability company and affirm the limit resignation in writing.  Signature of Dissoclating Member or Resigning N	<u></u>
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	MAR 21 AM IO: SECRETARY OF STA