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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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09/06/18--01011--007 **25.00

FILED Sep 06, 2018 08:00 AM Secretary of State

COVER LETTER

Registration Section

Division of Corporations

TO:

| SUBJECT: MAD ENTELPRIZE GROUP CL (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: | | | | | | |
| HOWARD BASSUK (Contact Person) | | | | | | |
| D&B AVIO G/GSS (Firm/Company) | | | | | | |
| 3248 W Colonial Dr. | | | | | | |
| Orlando FL 32808 (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| (Name of Contact Person) at (786) 255 999/ (Area Code & Daytime Telephone Number) | | | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy | | | | | | |

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:



FILED Sep 06, 2018 08:00 AM Secretary of State

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 liab | ility company as it ap | pears on th | ne records of the F | lorida Department |
|----------------------|-------------------------|----------------------------------------------|---------------|----------------------|--------------------|
| of State is: | MAD | ENTERPR | 215 <u>e</u> | BROUP | LLC. |
| 2. The Florida docu | ıment/regist | ration number assigne | ed to this li | imited liability cor | mpany is: |
| | | 7755 | | | |
| 3. The date this me | mber/manaş | ger withdrew/resigned | or will wi | ithdraw/resign is: | 3/12/14 |
| 4. I. 10 (Print N | ne //l ame of Person | Charles Resigning) | , hereby w | rithdraw/resign as | a |
| Ar | NBR (Print Title) | <u>. </u> | | | |
| of this limited liab | | ny and affirm the lim | ited liabili | ty company has be | een notified of my |
| mi | W | | | | |
| | | dember or Resigning | Manager | | |
| Filing Fee: | \$25.00 (| Required) | | | |
| Certified Copy: | | Optional) | | | |