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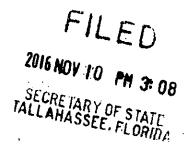
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
•		
SUBJECT: MPS NORTH AMERICA LL	C .	
	ited Liability C	ompany)
The enclosed member, resignation or dissoci	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to	<b>)</b> :
YAMINI TANDON		
(Contact Person)		
MPS NORTH AMERICA LLC		
(Firm/Company)		<del>-</del>
5750 Major Blvd., Suite 100,	,	
(Address)		<del></del>
Orlando, FL 32819	•	
(City/State and Zip Code)		_
For further information concerning this matter	er, please cal	<b>l</b> :
Andrew Brigmond	407 _ at (	472-1280
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee		Department of State for:  ng Fee & Certified Copy
STREET/COURIER ADDRESS:	•	MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

limited liability company is:  withdraw/resign is:  withdraw/resign as a  flity company has been notified of my
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