3000/3386

(Requestor's Name)			
(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations MRS STURCTURES **SUBJECT:** (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: Michael Mejia (Contact Person) (Firm/Company) 5201 Blue Lagoon Drive, Suite 928 (Address) Miami, FI 33126 (City/State and Zip Code) For further information concerning this matter, please call: Vivian Chou (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:**

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

Executive Center Circle Tallahassee, Florida 32314 assee, Florida 32301

Registration Section

P.O. Box 6327

Division of Corporations

CR2E079 (2/14)



SLUBETARY OF STATE DIVISION OF CORPORATIONS

14 DEC 12 PM 1:49

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 a	as it appears on the records of the Florida Department.
2. The Florida docu L1300013386	_	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
4. I, Michael A. Mejia (Print Name of Person Resigning)		, hereby withdraw/resign as a
MGR		
(Print Title)		
resignation in writer	• •	he limited liability company has been notified of my
Signature on Di	spoolating Weinber of Resi	gning Munager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	NANCY MARTINEZ Notary Public - State of Florida My Comm. Expires May 20, 2017 Commission # FF 019396

Nancy Hats

CR2E079 (2/14)