# L14000042989

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
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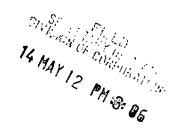
#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MR2 SUPPLIES LLC		
(Name of Limit	ed Liability Cor	mpany)
The enclosed member, resignation or dissocia	tion and fec(s	s) are submitted for filing.
Please return all correspondence concerning the	his matter to:	
RODRIGO LEAL		_
(Contact Person)		
MR2 SUPPLIES LLC		
(Firm/Company)	,	_
292 NW 2ND ST		_
(Address)		_
DEERFIELD BEACH, FL 33441		
(City/State and Zip Code)		_
For further information concerning this matte	r, please call:	
RODRIGO LEAL	954 at (	5403219
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: MR2	SUPPLIES LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1400004298	9
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	(Excel Investments LLC)
(Print N	ame of Person Resigning), hereby withdraw/resign as a
AMBR	
	(Print Title)
of this limited had resignation in wr	bility company and affirm the limited liability company has been notified of my
Ha	Ment 5/8/14
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)