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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | stration Section sion of Corporations | | |
|--|---|---|--|
| SUBJECT: | MPR COLLECTION LLC | | |
| (Name of Limited Liability Company) | | | |
| The enclosed | d member, resignation or dissociation and fee(s | a) are submitted for filing. | |
| Please return | all correspondence concerning this matter to: | | |
| SERG | SE G. GELMANA (Contact Person) | - - | |
| · · · · · · · · · · · · · · · · · · | (Firm/Company) | _ | |
| 430 | NE 146 8t. V (Address) | _ | |
| | MiAmi FL 33161 (City/State and Zip Code) | _ | |
| For further information concerning this matter, please call: | | | |
| Se (N | Name of Contact Person) at (954) (Area Code | 28-6863 & Daytime Telephone Number) | |
| Enclosed ple \$25 Filing | - | Department of State for: g Fee & Certified Copy | |
| Registration Division of Clifton Buil 2661 Execut | Corporations | 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: MPR COLLECTION LLC | |
| 2. The Florida document/registration number assig | ned to this limited liability company is: |
| L14000060455 | |
| 3. The date this member/manager withdrew/resign | ed or will withdraw/resign is: |
| SERGE GERMANA | harahy withdraw/racian ac a |
| 4. I, (Print Name of Person Resigning) | , hereby withdraw/resign as a |
| MEMBER MANGER. | |
| (Print Title) | |
| of this limited liability company and affirm the live resignation in writing. Signature of Dissociating Member or Resigning | <i>}</i> |
| Filing Fee: \$25.00 (Required) | • |
| Certified Copy: \$30.00 (Optional) | |