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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:			
	(Name of Limi	ited Liability Con	ipany)
The enclose	d member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please retur	n all correspondence concerning t	this matter to:	
Bradley Lit	ttle		
	(Contact Person)		-
MCRB PR	OPERTIES, LLC		
	(Firm/Company)		-
720 Spring	g Haven Drive		_
	(Address)		
Saint John	s, Florida 32259		
	(City/State and Zip Code)		-
For further i	information concerning this matte	er, please call:	
Bradley Li	ttle	904 at (233-6628
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pl ■ \$25 Filin	ease find a check made payable to g Fee		Department of State for: Spee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	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)

	limited liability company as	s it appears on the records of	f the Florida Department	
2. The Florida doct	_	ssigned to this limited liabil	ity company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resigned	gn is:	
4. I, Ryan Todd (Print Name of Person Resigning)				
Authorized M				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company	has been notified of my	
Signature of Di	ssociating Member or Resig	gning Manager		
-	\$25.00 (Required) \$30.00 (Optional)		FILED 2 P 12: 5 3 F TARY OF STATE	