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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MIGHTY 65, LLC (Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
MELINDA GRIMALDI, ESQ	
(Contact Person)	
LAW OFFICE OF MELINDA GRIMALDI	PL
(Firm/Company)	<del></del>
2719 HOLLYWOOD BLVD.	
(Address)	
HOLLYWOOD FL 33020	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
MELINDA GRIMALDI	954 491-8707
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$\square
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)

	limited liability company a SHTY 65, LLC	s it appears on the records of the f	Florida Depart	ment
2. The Florida doc L1500002776	_	assigned to this limited liability co	mpany is:	
4. I, NIKKI MOS	3	signed or will withdraw/resign is:, hereby withdraw/resign as	至流	16 MAY 23
(Print ) MANAGER	Name of Person Resigning)		SEE, FL	3 74
resignation in w		he limited liability company has b	een notified o	င္သာ 🗀 Fmy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			