450000278/2

(Re	equestor's Name)			
(Address)				
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	:#)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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MAY 31 2016 N. CAUSSEAUX

COVER LETTER

_	stration Section ion of Corporations					
SUBJECT:	MIGHTY PRINT WORKS, LL					
	(Name of Limit	(Name of Limited Liability Company)				
The enclosed	I member, resignation or dissocia	tion and fee(s	s) are submitted for filing.			
Please return	all correspondence concerning to	his matter to:				
MELINDA	GRIMALDI, ESQ		_			
	(Contact Person)					
LAW OFFICE OF MELINDA GRIMALDI PL						
<u></u>	(Firm/Company)		_			
2719 HOLL	YWOOD BLVD.		_			
	(Address)		_			
HOLLYWO	OD FL 33020					
	(City/State and Zip Code)		_			
For further in	nformation concerning this matte	r, please call:				
MELINDA	GRIMALDI	954 at (491-8707			
(N	ame 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 & Certified Copy						
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company	as it appears on the records of the Florida Department LC
2. The Florida doc L1500002781	_	r assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/	resigned or will withdraw/resign is:
		, hereby withdraw/resign as a
(Print) MANAGER	Name of Person Resigning)	
resignation in/w		the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	