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COVER LETTER

Division of Corporations
SUBJECT: MORRE TOVESTMENT Group LLC. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michael Goida (Contact Person)
MORRE I nustment Groye 21C (Firm/Company)
1865 79th St Causeway # 161° (Address)
North Bay Village FL 33141 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Buido at (786) 908 - 6164 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee & Certified Copy
CENTRALISM AND POOL

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

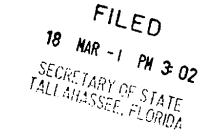
TO: Registration Section

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





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: MORRE I MUSt Ment Grove, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L1500068795
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/17/18
4. 1. Adutya Tella hereby withdraw/resign as a (Print Name of Person Resigning)
Mang Member. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Signature of 191330 clating (vicinoc) of Resigning (vianage)
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)