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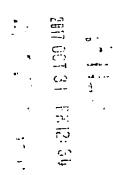
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HOY O? 2017 J. HARRIS

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: MBR CONSUL	Himp Group, LLC
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Victoria Vidre	
(Contact Person)	
Law Office of Victoria	. Vidre
2450 Hollywood Blvd.	Suite 100
Hollywood FL 33020 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
Victoria Vidre (Name of Contact Person)	at ( <u>954</u> ) <u>923 - 9360</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	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 th	e records of the Florida Do	epartm	ent
of State is:N	1BR Consulting GR	oup, LLC		
2. The Florida docu	iment/registration number assigned to this li	mited liability company is:	:	
L1500	0075161			
4.1. Michae	mber/manager withdrew/resigned or will will will will will will will wil	thdraw/resign is: $\frac{10/3}{3}$ ithdraw/resign as a	4/20	Q/J-
(	(Print Title)			
	bility company and affirm the limited liabilit	ty company has been notifi	ed of r	ny
resignation in wr	iting.	<b>₽</b>	2017 OCT 3	6 1 6 1
Signature of Di	ssociating Moniber or Resigning Manager		ယ	**************************************
		: 2		•
~	\$25.00 (Required)	• ?	55	
Certified Copy:	\$30.00 (Optional)	1.	C.A3	