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(Requestor's Name) (Address) (Address)	500331985945
(City/State/Zip/Phone #)	07/26/19- 1119- 119 ×*1100
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Office Use Only	

## **COVER LETTER**

### TO: Registration Section Division of Corporations

MBR CONSULTING GROUP, LLC SUBJECT:

(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:

**RUSLAN SHUDRIK** 

(Contact Person)

MBR CONSULTING GROUP, LLC

(Firm/Company)

1688 Meridian Ave, STE 700

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

at (

#### STREET/COURIER ADDRESS:

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

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: \_\_\_\_\_
- 2. The Florida document/registration number assigned to this limited liability company is: L15000075161
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/01/2019

4. I, \_

ANASTASIA UGLANOVA \_\_\_\_\_, hereby withdraw/resign as a \_\_\_\_\_\_, Print Name of Person Resigning)

MANAGER

(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

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)