L15000098789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIMP2, 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:

Connie Shivers
(Contact Person)

Penson Law Firm, P.A.
(Firm/Company)

2810 Remington Green Circle
(Address)

Tallahassee, FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Connie at (850) 561-8000
(Name 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 ☐ $55 Filing Fee & Certified Copy

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)

RESIGNATION AND ASSIGNMENT OF MEMBER UNITS

I, DANIEL C. WITHERS, hereby resigns as a member and as Authorized Member of MIMP2, LLC, ("the **Company**") effective June 10, 2015 and affirm that the Company has been notified of my resignation in writing.

1. The name of the limited liability company as it appears of the records of the Florida Department of State is: MIMP2.

2. This limited liability company was formed under the laws of the State of Florida.

3. The Florida document/registration number of this limited liability company is L15000098789.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby transfer any and all member units owned by me and any other ownership interest held by me to **John T. Bell,** the remaining authorized member.

This transfer shall be effective as of June 10, 2015.

DANIEL G. WITHERS

STATE OF FLORIDA
COUNTY OF LEON

15 DEC 18 AM 10:42

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BEFORE ME the undersigned authority, duly authorized in the State and County aforesaid to take acknowledgments, personally appeared this day DANIEL G. WITHERS, who is personally known to me or who presented a _____ as photographic identification and who stated the foregoing after being duly sworn by me.

Sworn to and Subscribed before me this 17 day of December, 2015.

KATHRYN HEFELFINGER
Commission # FF 242650
Expires June 22, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

Notary Public