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S. WARREN

FEB 0 2 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations		
M & M 2BROTHERS GROUNDED	UP LLC	
	mited Liability Cor	npany)
The enclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
FELIPE MUNOZ		
(Contact Person)		_
LAW OFFICE OF ALBERTO CARRER	О	
(Firm/Company)		_
20900 NE 30THH AVE SUITE 817		
(Address)	· ·	_
AVENTURA, FL, 33180		
(City/State and Zip Code)		_
For further information concerning this mat	tter, please call:	
FELIPE MUNOZ	786	2399236
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable  \$25 Filing Fee		Department of State for: 3 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)



## 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 Statetes)

	limited lizbility company as M 28ROTHERS GROUP	it appears on the records of the Florida Departmen	i <b>I</b>
2. The Florida doct L1500011681		esigned to this fimited liability company is:	
3. The date this me	mber/manager withthew/resi	igned or will withdraw/resign is:	
(Print N MANAGER	tur of Person Resigning)	hereby withdraw/resign as a	
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been notified of my	ř
Signature of Di	sso <del>ciating Mellifer of Resig</del>	ning Manager	
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)		0 FFB -