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## COVER LETTER

Division of Corporations
SUBJECT: Mebrosa Enterprises LLC (Name of Limited Liability Company)
(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:
Brianna Gallagher (Contact Person)
Mebrisa Enterprisos LC
(Firm/Company)
2320 NE 27th St (Address)
· · · · · · · (Address)
Lighthouse Pt. FL 33064  (City/State and Zip Code) Section 19
(City/State and Zip Code) Sacratification
For further information concerning this matter, please call:
Brianna Gallagher at (786) 303-4703 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$25 \text{ Filing Fee} \square\$ \$55 \text{ Filing Fee & Certified Copy}
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Trailahassee, 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 Statutes)

		THE TOP		
1. The name of the	limited liability com	pany as it appears on the rec	cords of the Florida Departme	nt
of State is:	Mebrisa	Enterprises	LLC	_·
2. The Florida doc	ument/registration nu	mber assigned to this limite	d liability company is:	
L1500	00135716	ON OF CORPORATIONS		
3. The date this me	ember/manager withd	rew/resigned or will withdra	aw/resign is: <b>\$/13/16</b>	<b>-</b>
4. I, Sandra	Sallagher	Endicott, hereby withdr AKA - Sandra	raw/resign as a	
Mo	CNA acr	— 11KH - JAHAIX —	- Gallegae	
of this limited lia	hility company and at	ffirm the limited liability co	mpany has been notified of m	У
Sandi	a Gallagher	Endicatt / So	his deliberation of the first o	
Signature of D	issociating Member o	r Resigning Manager	SEU JALL	
Filing Fee:	\$25.00 (Required \$30.00 (Optional)	)	WEINS .	
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