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JUN 02 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEN (Name of Limit	DACK LLC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	ais matter to:
Roi Mengebrein (Contact Person)	
(Firm/Company)	
3389 Sheridan St.	# 264
Hollywood FL 3302 (City/State and Zip Code)	21
For further information concerning this matter	, please call:
(Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 t	he limited liabil	ity company as i	t appears on the record	s of the Florida Department
of State is:	MAM	PARK	LLC	·
	ocument/registra		igned to this limited lia	ability company is:
		•		resign is: <u>6-1-20</u> 18
4. I. (Prin	Mercela a Name of Roson's	(K) h losigning)	, hereby withdraw/	resign as a
<u> </u>	(Print Title)			* 18 A.;
of this limited resignation in		y and affirm the	limited liability compa	any has been notified of my
Signature of	Dissociating Mo	ember or Resign	ing Manager	. 49
Filing Fee:	\$25.00 (R	•		