

L16000104457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500330485595

500330485595  
08/14/19--01001--006 \*\$25.00

19 JUN 13 PM 4:15

RECEIVED  
DEPT OF STATE  
AMEMBASSY OF STATE  
WASHINGTON, DC 20507

2019 JUN 13 PM 4:26

K. SALY  
JUN 13 2019

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAM INVESTMENT PROPERTIES, 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:

WILLIAM H. MCGRUTHA

(Contact Person)

(Firm/Company)

307 FRIAR TUCK LANE

(Address)

THOMASVILLE, GA. 31792

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM H. MCGRUTHA at ( 850 ) 661-4429  
(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



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: MAM INVESTMENTS PROPERTIES, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L16000104457

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/14/19

4. I, William H. McGratha, 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.

William H. McGratha  
Signature of Dissociating Member or Resigning Manager

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

2019 JUN 13 PM 4:26  
SECRETARY OF STATE  
MAIL ASSISTANT

FILED