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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MR. WRIGHT LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to:	
MALWINA KOWALCZYK (Contact Person)	
MR. WQIGHT LLC (Firm/Company)	
111 NE 20-H. STREET (Address)	
MIAMI, FL 33/37 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MALWINA KONALCZYK at (305) 600 (Name of Contact Person) (Area Code & Daytime	9572 e Telephone Number)
Enclosed please find a check made payable to the Florida Department \$\Begin{align*} \text{\$\subseteq}	
Registration Section Registrat	GADDRESS: ion Section of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

1. The name of the	limited liability company as	it appears on the records	of the Florida Department
of State is:	MR. WRIGHT LL	<u>-C</u>	
2. The Florida doc	ument/registration number as	signed to this limited liab	oility company is:
<u> </u>	1012/182		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/re	sign is: 10/01/19
4. I, MELB		, hereby withdraw/re	
MANA	GEK (Print Tide)		
of this limited lia resignation in wr	bility company and affirm the	e limited liability compan	. 1
Mello	e deosta		19 NOV I
Signature of D	issociating Member or Resign	ning Manager	80 :01HP
_	\$25.00 (Required)): 08
Certified Conv.	\$30.00 (Ontional)		j. ===