16000 215 333

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
	M&M UNITS LLC		
SUB.	JECT:		
		Limited Liability Co	mpany)
The e	enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Pleas	e return all correspondence concerni	ng this matter to:	:
Mar	c Sanzone		
	(Contact Person)		_
M&N	M UNITS LLC		
	(Firm/Company)		_
512	Boxelder Ave		
	(Address)		
Alta	monte Springs, FL 32714		
	(City/State and Zip Code)		_
For fi	urther information concerning this m	atter, please call	:
Mar	c Sanzone	_	949-1645
	(Name of Contact Person))e & Daytime Telephone Number)
	osed please find a check made payab 5 Filing Fee		Department of State for: g Fee & Certified Copy
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		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)

	mited liability company as it a	ppears on the records of the Flor	ida Dep	artme	ent
2. The Florida docum	•	ned to this limited liability comp	any is:		<u> </u>
3. The date this mem	ber/manager withdrew/resigne	ed or will withdraw/resign is:	1/1/1	18	-
,	ity company and affirm the lir	nited liability company has been	notified	d of n	ny
resignation in writing	ng. Control of Resigning	Manager	SECHTALIANS SER	19 0CT 28	FILE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		1	AH 10: 4	0