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SECRETARY OF STATE
AND ASSEE FLORID

J. HARRIS

## **COVER LETTER**

Division of Corporations	
SUBJECT: MFRTSM, LLC (Name of Limited Li	
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Contact Person)  Palimi, mc (Firm/Company)	
Delray Beach, & 334.  (City/State and Zip Code)  Tor further information concerning this matter, ple	83
(Name of Contact Person) at (A	56/ 243-0630 Area Code & Daytime Telephone Number)
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

TO: Registration Section



## 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)

	limited liability company as MFRTSM, LLC		f the Florida Department
2. The Florida doc	ument/registration number as		ity company is:
4. I, Mark	mber/manager withdrew/resi	gned or will withdraw/resig	gn is: <u>May</u> 25, 20 1 <sup>-</sup> gn as a
_ Mem	7	e limited liability company	has been notified of my
resignation in wr	iting.		2017 SE TALI
Signature of Di Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ning Manager	JUN 12 AM 9: CRETARY OF STA AHASSEE FLOR
			82 <b>%</b>