117000137808

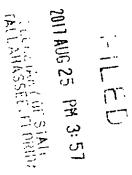
(Re	questor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: MKM AGENCY LLC (MEMBER WITHDRAW)
(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:
Andres Moreno / Stefanos Karagiaouris (Contact Person)
MKM Agency
(Firm/Company)
140 NW 108th Ter
(Address)
Pembroke Pines, FL 33026
(City/State and Zip Code)
For further information concerning this matter, please call:
Stefanos Karagiaouris 305 5707715
(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: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

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 li of State is: MKM		it appears on the records of the Florida Department	
2. The Florida docum L17000137808	nent/registration number as:	signed to this limited liability company is:	
3. The date this mem	ber/manager withdrew/resi	gned or will withdraw/resign is:	
Stefanos Karagiaouris		. hereby withdraw/resign as a	
(Print Nai	ne of Person Resigning)	, hereby withdraw/resign as a	
Member - Mana	ager		
	rint Title)		
of this limited liabi		limited liability company has been notified of my	
Signature of Dis	sociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		