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TO:	Registration Section		
	Division of Corporations		
SUBJ	IECT: MVM DEVELOPMENT LL	C	
	(Name of Li	imited Liability Co	mpany)
The er	nclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to:	
JOH	N EGUSQUIZA		
	(Contact Person)		
EGU:	SQUIZA LAW PA		
	(Firm/Company)		_
9960	SW 40 STREET		
	(Address)		_
MIAN	/II, FLORIDA 33165		
	(City/State and Zip Code)		_
For fu	arther information concerning this ma	tter, please call:	
JOH	N EGUSQUIZA	305	223-8744
	(Name of Contact Person)	_ \	& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
-	tration Section ion of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee, 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	limited liability company as	it appears on the records of the	Florida Department
of State is: MVI	M DEVELOPMENT LLC		·
2. The Florida doc	ument/registration number as	ssigned to this limited liability co	ompany is:
L1700016003	1		17 0
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is	10/01/2017
(Print)	Name of Person Resigning)	, hereby withdraw/resign a	Sa.
AMBR			sa 178 49
	(Print Title)		
resignation in wr		ne limited liability company has l	oeen notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		