

*L17000166786*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/12/18--01025--012 \*\*25.00

FILED  
18 SEP 12 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
SEP 17 2018

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SEP 17 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIPLE M Y C LLC  
(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:

**MIGUEL KARPEL**

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

**11098 BISCAYNE BLVD STE 401**

\_\_\_\_\_  
(Address)

**MIAMI, FL 33161**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**MIGUEL KARPEL** at ( 305 ) 332-3211  
(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:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FILED  
18 SEP 12 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: TRIPLE M Y C LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000166786

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/07/2018

4. I, MIGUEL KARPEL, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)