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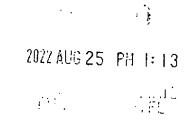
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of 8/25/2022

COVER LETTER

| | istration Section sion of Corporations | | | |
|----------------|--|-----------|--------------|--|
| SUBJECT | | | | |
| | (Name of I | Limited I | Liability Co | inpany) |
| The enclose | ed member, resignation or diss | ociation | and fee(| s) are submitted for filing. |
| Please retur | n all correspondence concerni | ng this | matter to: | |
| Diyonne McC | Graw | | | |
| | (Contact Person) | | | |
| MBM Propert | ties, LLC | | | |
| | (Firm/Company) | | | _ |
| 726 NW 8th A | Avenue | | | |
| | (Address) | | • | - |
| Gainesville, P | Torida 32601 | | | |
| | (City/State and Zip Code) | | | _ |
| For further | information concerning this m | atter, p | lease call: | |
| Diyonne McO | Graw | at (| 352 | 246-80 7 1 |
| 1) | Name of Contact Person) | ` | Area Code | & Daytime Telephone Number) |
| Enclosed pl | ease find a check made payab | le to the | : Florida I | Department of State for: |
| ■ \$25 Filin | | | | g Fee & Certified Copy |
| Maili | ing Address: | | | Street Address; |
| | istration Section | | | Registration Section |
| | sion of Corporations | | | Division of Corporations |
| | Box 6327 | | | The Centre of Tallahassee |
| Talla | ahassec, FL 32314 | | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |





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: MBM | Properties, LLC |
| 2. The Florida docu | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: |
| Brooksie McGray | |
| (Print N | ame of Person Resigning) |
| Manger | |
| | Print Title) |
| resignation in wri | cility company and affirm the limited liability company has been notified of my string. Sociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |