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JAN 15 ED T. LEMEUK

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MMI IMPORT.	5 LLC ted Liability Company)
The enclosed member, resignation or dissocia	
Please return all correspondence concerning t	his matter to:
BRUNO VITORINO DA SIL	VA
(Firm/Company)	
5560 NW 61 st 57 APT	717
COCONUT CREEK FL 33073 (City/State and Zip Code)	- 2525
For further information concerning this matte	r, please call:
	at (954) 709 9470
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 re	ecords of the	Florida Department
of State is:	Imports	LLC		·
2. The Florida doci	ument/registration number as	signed to this limit	ed liability co	ompany is:
L17000	208699			
3. The date this mo	ember/manager withdrew/resi	gned or will withdr	raw/resign is:	01/03/2019
4. I, BRUNO 1	ITORINO DA SILVA 'ame of Person Resigning)			
AMBR	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	: limited liability co		een notified of my
Bun Co	Stoins do Si	luc	2019 JAN -	
Signature of Di	ssociating Member or Resign	iing Manager	-8 TO	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	S30.00 (Required)		\$2 0	