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(Requestor's Name)		
(Requestor's Name)		
(Addross)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Munis Group LLC	
(Name of Li	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Seda Munis	
(Contact Person)	
Munis Group LLC	
(Firm/Company)	
1155 Brickell Bay Dr Suite 2305	
(Address)	
Miami, FL 33131	
(City/State and Zip Code)	7:
For further information concerning this mat	tter, please call:
Seda Munis	305 342-3038 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\begin{align*} \begin{align*} \begin	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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 app	•
of State is:	
2. The Florida document/registration number assigned L17000223370	d to this limited liability company is:
3. The date this member/manager withdrew/resigned	or will withdraw/resign is: Jan 10, 2020
4. I, Tanju Munis (Print Name of Person Resigning)	hereby withdraw/resign as a
(Print Name of Person Resigning) Manager	
(Print Title)	
of this limited liability company and affirm the limit resignation in writing.	ted liability company has been notified of my
- tous	
Signature of Dissociating Member or Resigning N	Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)