118000/18868

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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07/09/18---01009---004 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MM CARS, LLC (Name of Limited Liability)	ty Company)	
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to:	
Maria Jane Mischenk	<u>O</u>	
MM CARS, LLC (Firm/Company)		
4615 SCOTT Rd (Address)		
LL+2, FL 33558 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Maria Mischenko at 81 (Name of Contact Person) (Area	3 808-6877 Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flor S25 Filing Fee \$55	rida Department of State for: Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

		it appears on the records of the Florida Department
of State is:	MM CARS	
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
<u>L18</u>	30011.8868	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: $\frac{7/5/18}{}$
4.1. Jerge	1 N L : . l A A A 2 / 1	, hereby withdraw/resign as a
_ AR	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
resignation in wi	nung.	TALL 2010
Signature of D	issociating Member or Resig	ping Manager
Ü		
Filing Fee:	\$25.00 (Required)	10 H 3
Certified Copy:	\$30.00 (Optional)	* Remove Sergey & B MISChenko as som as possible *
		Mischenko
		as som as possible of