L18000125695

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | | |
|--|-----------------------|--|----------------------|----------|------------|
| SUBJECT: MT DISTRIBUTORS LLC | | | | | |
| (Name of Li | mited Liability Cor | npany) | | | |
| The enclosed member, resignation or disso | ciation and fee(s | a) are submitted for filing. | | | |
| Please return all correspondence concerning | g this matter to: | | | | |
| ELITAL | | _ | | | |
| (Contact Person) | | | | | |
| TAL BAREKET LLC | | | | | |
| (Firm/Company) | | _ | | | |
| 7818 NW 44 ST | | · | Fich | 28: | |
| (Address) | | _ | | 2018 AUG | T |
| LAUDERHILL, FL 33351 | | | HASS | JG 30 | F |
| (City/State and Zip Code) | | _ | ان انتار انتار | 2 | |
| For further information concerning this ma | tter, please call: | | | رته ت |) programe |
| ELI TAL | 95 4 at (| 955-0510 _) | | | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Num | ber) | | |
| Enclosed please find a check made payable \$25 Filing Fee | | Department of State for: Fee & Certified Copy | | | |
| | - 0 00 mmg | , i is to optimize oury | | | |
| STREET/COURIER ADDRESS: Registration Section | | MAILING ADDRESS: Registration Section | | | |

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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)

| | limited liability company as | s it appears on the records of t | he Florida Department |
|--|--|-----------------------------------|--------------------------------------|
| 2. The Florida doc L1800012569 | - | ssigned to this limited liability | y company is: |
| 3. The date this me | ember/manager withdrew/res | igned or will withdraw/resign | 08/13/18 n is: |
| 4. I, LAN MIZRA | | , hereby withdraw/resign | n as a |
| (Print N AUTHORIZE | iame of Person Resigning) D MEMBER | | |
| 110 | (Print Title) | | |
| of this limited lia resignation in wr | | e limited liability company ha | as been notified of my |
| 2 | | > | i∌ |
| Signature of Di | ssociating Member of Resig | ning Manager | 2010 AUG 30 SEURE FAR ALLAHASS |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 30 Pg 31 |