## L18000127176

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		AC
<b>TO:</b> Registration Section Division of Corporations	•	y
MRO LIVE, LLC SUBJECT:		
	nited Liability Compan	<u>y</u> )
The enclosed member, resignation or dissoc	iation and fee(s) are	e submitted for filing.
Please return all correspondence concerning	this matter to:	
JOHN BAXTER		
(Contact Person)		
MRO LIVE, LLC		
(Firm/Company)		
5350 SW 186TH AVE		
(Address)		
SOUTHWEST RANCHES, FL 33332		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
STEPHEN ROHN	305 50	02-4499
(Name of Contact Person)	_ '	Paytime Telephone Number)
Enclosed please find a check made payable to	· · · · · · · · · · · · · · · · · · ·	
■ \$25 Filing Fee	□ \$55 Filing Fee	e & Certified Copy
Mailing Address: Registration Section		eet Address: gistration Section
Division of Corporations	Div	vision of Corporations
P.O. Box 6327 Tallahassee, FL 32314		e Centre of Tallahassee 5 N. Monroe Street, Suite 810
randiassee, 11, 32314		lahassee, FL 32303



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## 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)

MPA	limited liability company as it ap	•	Florida Department
2. The Florida docu L18000127176	ument/registration number assign	ed to this limited liability ec	ompany is:
STEPHEN ROL	mber/manager withdrew/resigned  HN  ame of Person Resigning)		
MANAGER	ame of Person Resigning)  (Print Title)		
of this limited lial resignation in wr	bility company and affirm the lin	nited liability company has b	oeen notified of my
Signature of Di	ssociating Member or Resigning	Manager	
	\$25.00 (Required) \$30.00 (Optional)		