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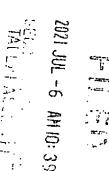
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MKM DESIGN & CONSTWOTION (C) (Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
MARIANNE MOROS (OWNER) (Contact Person)					
MKM DESIGN AND CONSTRUCTION UC. (Firm/Company)					
7640 CARLY WE AVE. APT 6B (Address)					
MAMI BEAGH FU 33141 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (305) 803 - 5707 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee					
Mailing Address: Registration Section Street Address: Registration Section					

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

Registration Section
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)

	limited liability company as		
of State is:	: 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or Construct	ion lu
	ument/registration number as:		lity company is:
Lac	1000351396	·	1
3. The date this me	ember/manager withdrew/resign	gned or will withdraw/res	ign is: 06/01/202
4. I,	Name of Person Resigning)	, hereby withdraw/res	sign as a
_ Own	er / Founder. (Print title)		
of this limited lia resignation in wr	bility company and affirm the iting.	: limited liability company	•
-			202
Signature of Di	esociating Member or Resign	ing Manager	2021 JUL -6
Filing Fee:	\$25.00 (Required)		
Certified Copy:			70