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(Requestor's Name)
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PICK-UP WAIT	MAIL
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COVER LETTER

TO: Re	egistration Sec	ion	
	ivision of Corp		
SUBJEC	MMN MGM	T Company, LLC	
00000		(Name of Limited Liability Co	nipany)
The enclo	sed member, i	resignation or dissociation and fee(s) are submitted for filing.
Please ret	urn all corresp	ondence concerning this matter to:	
Michael No	ewman		
	((ontact Person)	_
MMN MG	MT Company, Ll	IC	
	(1)	rm/Company)	-
32 Pine Hil	II Tr E		22 UC ! 11
		(Address)	
Tequesta, I	² L 33469		
	(City/	State and Zip Code)	 بن
For furthe	er information	concerning this matter, please call:	<i>t</i> .
Michael Ne	ewinan	561 at (373-8726
	(Name of Cont		e & Daytime Telephone Number)
Enclosed ■ \$25 Fi	-	neck made payable to the Florida I ☐ \$55 Filin	Department of State for: g Fee & Certified Copy
Re	ailing Address:		Street Address: Registration Section
	ivision of Соц О. Box 6327	orations	Division of Corporations The Centre of Tallahassee
	illahassee, FL	B2314	2415 N. Monroe Street, Suite 810

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 l	imited liability company as it appears on the records of the Florida Departr	nent
of State is: MMN	MGNT COMPANY, LLC	·
2. The Florida document	ment/registration number assigned to this limited liability company is:	
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 9/01/2022	_
4 I Michelle A Newm	hereby withdraw/resign as a	
(Print Na	, hereby withdraw/resign as a, hereby withdraw/resign as a,	
MGR		
(1	Print Title)	
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of ing.	my
Michel	le Neuren	
Signature of Dis	sociating Member or Resigning Manager	22 001 1 1
Filing Fee:	\$25.00 (Required)	7 X
Certified Copy:	\$\$0.00 (Optional)	22 OCT LI AM S