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COVER LETTER

TO: Registration Section Division of Corporations mkm solutions llc SUBJECT: (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: katrina bagdi ayoub (Contact Person) katrina bagdi/mkm solutions llc (Fimt/Company) 16153 soft fem trace (Address) odessa/f1/33556 (City/State and Zip Code) For further information concerning this matter, please call: katrina bagdi ayoub 813 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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2022 APR 11 AM 7: 29

SECRETARY OF STATE TALLAHASSEE, FL

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 it appears on the records of the Florida Departmen solutions llc
2. The Florida doc 121000348392	ument/registration number assigned to this limited liability company is:
يرم المحمل مستعددا	mber/manager withdrew/resigned or will withdraw/resign is: 11/04/2021
(Print I mbr/ambr	lame of Person Resigning) (Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my
Signature of D	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)