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(Requestor's Name)			
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer		
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JUL 0 8 2014 C. CARROTHERS

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	MM Shows LLC		
SOBSECT.	(Name of L	imited Liability Con	ipany)
The enclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to:	
Martin Shu	ham, Esq.		:
	(Contact Person)		-
Shuham &	Shuham, P.A.		
	(Fimi/Company)		-
1930 Harri	son Street, #206		
	(Address)		-
Hollywood,	, FL 33020		
 -	(City/State and Zip Code)		-
For further i	nformation concerning this ma	itter, please call:	
Martin Shu	ham	954	370-9550
(1)	lame of Contact Person)		& Daytime Telephone Number)
Enclosed pla \$25 Filing	ease find a check made payable g Fee	to the Florida D \$55 Filing	repartment of State for: Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 a Shows LLC	s it appears on the records of the Florida Department
2. The Florida doc M130000001	•	assigned to this limited liability company is:
0 - 44 1464 - 16		signed or will withdraw/resign is: June 16, 2014
(Print) Managing Me		, hereby withdraw/resign as a
of this limited lia		he limited liability company has been notified of my
- •	issociating Member or Resi	gning Manager
Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	en e

CR2E079 (2/14)

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