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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: MSLT, LLC		
(Name of Lim	ited Liability Co	mpany)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
ERICA D. COHEN		SEL
(Contact Person)		
THE DORCEY LAW FIRM, PLC		28 P.
(Firm/Company)		
1081-C SIX MILE CYPRESS PKWY	,	PN 9: 29
(Address)		
FT. MYERS, FL 33966		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
ERICA D. COHEN	239	418-0169
(Name of Contact Person)	_ \	& Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
-	Registration Section Registration Section	
		Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department T, LLC
2. The Florida docu M130000649	ment/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, JOSHUA O. [, hereby withdraw/resign as a mme of Person Resigning)
MANAGER	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
/2/	
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)