

L06000120246 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

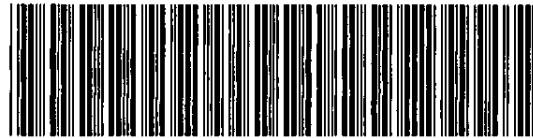
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

B. BOSTICK  
FEB 28 2012  
EXAMINER

CAREY  
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OKEEFE

Miami | Boca Raton

1395 Brickell Avenue  
Suite 700  
Miami, FL 33131  
(305) 372-7474  
Fax (305) 372-7475  
[www.careyrodriguez.com](http://www.careyrodriguez.com)

February 24, 2012

**VIA FEDERAL EXPRESS**

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

Re: Resignation of Member, Managing Member or Manager

Dear Sir or Madam,

Enclosed please find eight (8) Resignations of Member, Managing Member or Manager regarding the following entities for filing:

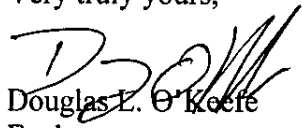
1. MCRPD, LLC
2. MCRPE, LLC
3. MCRPF, LLC
4. MCRPG, LLC
5. MCRPH, LLC
6. Miami Green Tower 1, LLC
7. Miami Apartment Building Investors, LLC
8. Holly Medical Fund Management, LLC

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA  
12 FEB 27 AM 11:20

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Also enclosed is our firm's check in the amount of \$200.00 to cover the filing fees.

Very truly yours,

  
Douglas L. O'Keefe  
Encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCRPD, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Holly

(Contact Person)

(Firm/Company)

c/o 1395 Brickell Avenue, Suite 700

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Rodriguez, Esq.

(Name of Contact Person)

at ( 305 ) 372-7474

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

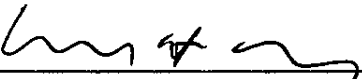
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MCRPD, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L06000120546

4. I, William H. Holly, hereby resign as a Manager  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, ~~Managing~~ Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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