

L06000120246 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

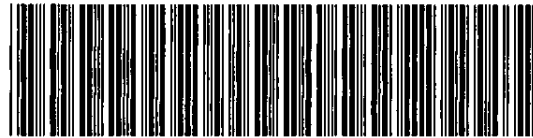
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/12--01003--006 **200.00

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STATE OF FLORIDA
TALLAHASSEE

B. BOSTICK
FEB 28 2012
EXAMINER

CAREY
RODRIGUEZ
GREENBERG
OKEEFE

Miami | Boca Raton

1395 Brickell Avenue
Suite 700
Miami, FL 33131
(305) 372-7474
Fax (305) 372-7475
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,

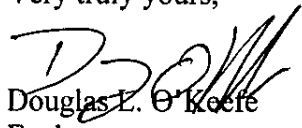
Enclosed please find eight (8) Resignations of Member, Managing Member or Manager regarding the following entities for filing:

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

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TALLAHASSEE, FLORIDA

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**

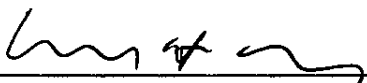
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MCRPD, LLC

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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TALLAHASSEE, FLORIDA