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SECRETARY OF STATE

N. Cambon FEB 2 6 2014

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MD PIPELINE, LLC

(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:

AMANDA DAUGHERTY

(Contact Person)

(Firm/Company)

4533 NW 78 AVE

(Address)

OCALA, FLORIDA 34482

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA DAUGHERTY at 352

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

■ \$25 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

CR2E079 (12/13)



FILED

2014 FEB 24 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as PIPELINE, LLC	it appears on the records of the Florida Departm	nent
2. The Florida docu L070000139	-	f this limited liability company is:	
3. The date this me	mber withdrew or will withou	draw is: 1/31/2014	
4. I, AMANDA D	AUGHERTY	, hereby resign as a MGRM	
/ 	ame of Person Resigning)	(Print Title)	
resignation in wri	· 7	ne limited liability company has been notified of s	my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		