

LO7000017340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09 FEB -2 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 04 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MDS REALTY ASSOCIATES 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:

Estefania Magalhaes

(Contact Person)

MDS REALTY ASSOCIATES LLC

(Firm/Company)

3501 NE 171 Street

(Address)

North Miami Beach, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

ESTEFANIA MAGALHAES at ( 954 ) 784-4613

(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



\$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

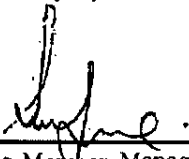
**FILED**  
09 FEB - 2 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. This limited liability company was organized under the laws of:  
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L07000017340

4. I, ESTEFANIA MAGALHAES, hereby resign as a MANAGER/MEMBER  
(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)

November 11, 2008

Washington Mutual  
PO BOX 1097  
CA 91328-1097

FILED  
09 FEB - 2 PM 12: 21  
SECRETARY OF REVENUE  
TALAMON, SCOTLAND

RE: MDS REALTY ASSOCIATES LLC  
D/B/A TRADEMAX REALTY  
5544 NW 55TH DR  
COCONUT CREEK FL 33073-3763  
Account Number: 492-006048-3

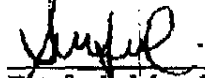
According to documentation attached to this letter, MDS has now a sole proprietor which is Darwin Cruz. For that reason we are asking Washington Mutual to proceed the necessary modification on Company's account, excluding Estefania Magalhaes and Delson Silva from that Business checking account.

Respectfully,



Delson Silva

Darwin Cruz



Estefania Magalhaes

Att.: Florida Department of State - Resignation (4pages)