

#L09000080658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

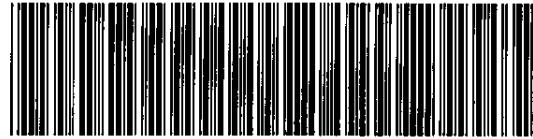
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800188927398

12/27/10--01022--002 **25.00

FILED
10 DEC 27 PM 3:42
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER
DEC 28 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDPO 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:

Colleen DZIKOWSKI
(Contact Person)

MDPO LLC
(Firm/Company)

1560 Sawgrass Corporate Pkwy
#400 (Address)

Sunrise, FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen DZIKOWSKI (Name of Contact Person) 305 826 7774 (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
661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FILED

10 DEC 27 PM 3:42

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: MDPO LLC

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

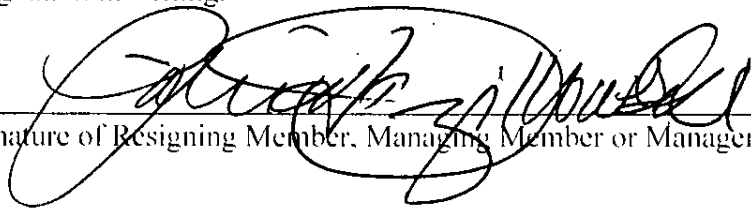
Dept. of State/Florida Div Corp

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

L09000080658

4. I, Patricia Dzikowski 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)