

L10000084217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

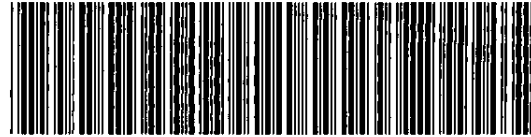
Special Instructions to Filing Officer:

L. SELLERS

JAN - 5 2011

EXAMINER

Office Use Only



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FILED
11 JAN -3 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMD Affiliates, 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:

Domenic D'Angelo

(Contact Person)

MMD Affiliates, LLC

(Firm/Company)

211 2nd St South

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Domenic D'Angelo

(Name of Contact Person)

at (941) 258-0132

(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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MMD Affiliates, 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:
L10000084217

4. I, Erroll Martin, hereby resign as a MBR & MGRM
(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) ✓

STATE OF FLORIDA
COUNTY OF PINELLAS
SUBSCRIBED AND SWORN TO (OR AFFIRMED)
BEFORE ME THIS: ERROLL MARTIN
BY: DECEMBER 30, 2010
WHO IS PERSONALLY KNOWN TO ME OR HAS/
HAVE PRODUCED
AS IDENTIFICATION

NOTARY SIGNATURE

FILED
JAN - 3 PM 4:25
DEPT OF STATE
TALLAHASSEE FLORIDA

Erroll D Martin
2061 E Vina Del Mar Blvd.
St. Pete Beach, FL 33706

December 30, 2010

MMD Affiliates, LLC

211 2nd St. South

St. Petersburg, FL 33701

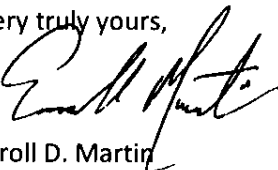
Attn: Mr. Domenic D'Angelo, Mgrm


Dear Mr. D'Angelo:

Please be advised that today, December 30, 2010, I resign my position as a Member and Managing Member of MMD Affiliates, and henceforth surrender my management duties and ownership of the LLC.

I acknowledge that I have no capital contribution to the LLC and am due no compensation or other payments as a result of my resignation.

Very truly yours,


Erroll D. Martin

STATE OF FLORIDA
COUNTY OF PINELLAS
SUBSCRIBED AND SWORN TO (OR AFFIRMED)
BEFORE ME THIS: December 30, 2010
BY ERROLL MARTIN
WHO IS PERSONALLY KNOWN TO ME OR HAS
HAVE PRODUCED
AS IDENTIFICATION

NOTARY PUBLIC

