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## **COVER LETTER**

**TO:** Registration Section

CR2E079 (2/14)

Division of Corporations MD Residential VII, LLC SUBJECT: (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: Elias Kasabdji / Sergio Pino (Contact Person) MD Residential VII, LLC (Firm/Company) 782 NW 42nd Avenue, Suite 332 (Address) Miami, FI 33126 (City/State and Zip Code) For further information concerning this matter, please call: Elias Kasabdji / Sergio Pino 305 (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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it ap     MD Residential VII,LLC     of State is:	opears on the records of the Florida Department
2. The Florida document/registration number assign L13000110657	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned 4. 1. Nelson Monroy  (Print Name of Person Resigning)	73
Secretary (Print Title)	PH 2: 39
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Mmmy	
Signature of Dissociating Member or Resigning	Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	