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(Re	questor's Name)			
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SECRETARY OF STATE
TALL KHASSEE FLOORES

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## **COVER LETTER**

Registration Section

TO:

Division of Corporations MD Residential XIII, 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 XIII, 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 (Area Code & Daytime Telephone Number) (Name of Contact Person) 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

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

	e limited liability company as Residential XIII,LLC	it appears on the records of th	ie Florida Department
2. The Florida doc L1300011065	-	ssigned to this limited liability	company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign	is:
4. I. Nelson Mon	_	hereby withdraw/resign	iasa 🗕 🔞
(Print)	Name of Person Resigning)		OF SE
Secretary			F IL 2019 OCT 29 SECRETARY
-	(Print Title)		2 - Z
of this limited lia resignation in w	ability company and affirm th riting.	ne limited liability company ha	
Signature of D	dissociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		