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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations MD Commercial IX, 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 Commercial IX, 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: at (_____) 203-5177 (Area Code & Daytime Telephone Number) Elias Kasabdji / Sergio Pino (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee 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)

| | e limited liability company as it Commercial IX,LLC | appears on the records of the Florida Department |
|---|--|--|
| 2. The Florida doc | ument/registration number assi | gned to this limited liability company is: |
| L13000110663 | | |
| 3. The date this me 4. I. Nelson Mon | ember/manager withdrew/resign | ned or will withdraw/resign is: 08-08-2019 |
| | Same of Person Resigning) | |
| Secretary | | |
| | (Print Title) | jem . |
| of this limited lia resignation in w | | imited liability company has been notified of my |
| | my | |
| Signature of D | issociating Member or Resignir | ng Manager |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |