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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations MD Commercial X, 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 X, 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: (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: ■ \$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 appears on the records of the Florida Department MD Commercial X.LLC	
of State is: MD Commercial X.LLC 2. The Florida document/registration number assigned to this limited liability company to the L13000110675	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Nelson Monroy (Print Name of Person Resigning) Nereby withdraw/resign as a	
Secretary (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	