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## **COVER LETTER**

Division of Corporations		
MD Residential X, LLC		
- · · · · · · · · · · · · · · · · · · ·	mited Liability C	ompany)
The enclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	o:
Elias Kasabdji / Sergio Pino		
(Contact Person)	_	
MD Residential X, LLC		
(Firm/Company)	-	_
782 NW 42nd Avenue, Suite 332		
(Address)		<del></del>
Miami, FI 33126		
(City/State and Zip Code)		_
For further information concerning this ma	tter, please cal	1:
Elias Kasabdji / Sergio Pino	305 at (	203-5177
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

**TO:** Registration Section



## 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 is of State is:  MD Residential X,LLC	appears on the records of the Florida Department
2. The Florida document/registration number assig	gned to this limited liability company is:
3. The date this member/manager withdrew/resign Nelson Monroy 4. I.	
(Print Name of Person Resigning) Secretary	, hereby withdraw/resign as a TSE OFF 28
(Print Title)  of this limited liability company and affirm the liresignation in writing.	
Signature of Dissociating Member or Resignin	g Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	