## L13000 110 684

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

Y SULKER NOV 1 8 2019

## **COVER LETTER**

_	istration Section sion of Corporations			
SUBJECT:	MD Commercial XIV, LLC			
	(Name of Limited Liability Company)			
The enclose	d member, resignation or disso	ociation and fee(s	) are submitted for filing.	
Please return	n all correspondence concernin	ng this matter to:		
Elias Kasa	bdji / Sergio Pino			
	(Contact Person)		-	
MD Comm	ercial XIV, LLC			
	(Firm/Company)		-	
782 NW 42	2nd Avenue, Suite 332			
	(Address)		-	
Miami, Fl 3	33126			
	(City/State and Zip Code)		-	
For further i	information concerning this ma	itter, please call:		
Elias Kasa	bdji / Sergio Pino	305 at (	203-5177	
(1)	Name of Contact Person)		& Daytime Telephone Number)	
Enclosed plo	ease find a check made payable g Fee		epartment of State for: Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of	Corporations		Registration Section Division of Corporations	
Clifton Buil	ding		P.O. Box 6327	
	tive Center Circle . Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



## 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)

	limited liability company as Commercial XIV,LLC	it appears on the records of the Florida Department
2. The Florida docu L13000110684		signed to this limited liability company is:
4. I	- )V	gned or will withdraw/resign is 08-08-2019  hereby withdraw/resign as 37.7. The control of
		e limited liability company has been traiting for my
<u>.</u>	ssociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	