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| uestor's Name) | | | | |
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| ress) | | | | |
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| /State/Zip/Phone | e #) | | | |
| WAIT | MAIL | | | |
| iness Entity Nar | me) | | | |
| (Document Number) | | | | |
| Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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| | ress) /State/Zip/Phone WAIT iness Entity Nar ument Number) Certificates | | | |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: MSD Realty LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| rease return an correspondence concerning this matter to the following. | | | | | |
| Kamal Darwish | | | | | |
| Name of Person | | | | | |
| MSD Realty lic | | | | | |
| I. Firm/Company | | | | | |
| 4 | | | | | |
| 52 # 5 sw 38th ave | | | | | |
| Address | | | | | |
| Fort Lauderdale, FL 33312 | | | | | |
| City/State and Zip Code | | | | | |
| karinesells4you@aol.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Kamal Darwish9545582822 | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| 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 | | | | | |
| Enclosed is a check for the following amount: | | | | | |

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the of State is: MS | | it appears on the records of the Fl | orida Dep | oartme | nt -· |
|------------------------------------|--|--------------------------------------|------------------|----------------------------|----------|
| 2. This limited liabi | lity company was organized | l under the laws of: | | | |
| | ment/registration number of | f this limited liability company is: | | | |
| 4. I, Karine Zeito | oune | , hereby resign as a Manag | er <u>M</u> | GR | M |
| · | oility company and affirm th | ne limited liability company has be | | | |
| 14 Pine | <u> </u> | Control of Manager | | | |
| Signature of Resignation | gning Member, Managing N | nember or Manager | | 21 | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | SEORE LARY OF TH | 2013 SEP 3 0 PM 12: | |