13000156544

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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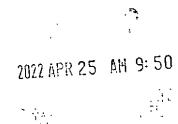


of 10/19/2022

COVER LETTER

-	distration Section dision of Corporations		
ON.	ision of Corporations		
SUBJECT	MDCB Serpentine, LLC		
		imited Liability Co	ompany)
The enclose	ed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please retur	rn all correspondence concernin	g this matter to:	:
Nicolas Beva	ın		
,	(Contact Person)		_
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		_
1934 Serpent	ine Cir S		
	(Address)		_
St Petersburg	; FL 33712		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	_
For further	information concerning this ma	tter, please call:	
Nicolas Beva	n	727 at (459-7592
(;	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed pl ■ \$25 Filir	lease find a check made payable ng Fee		Department of State for: g Fee & Certified Copy
Reg Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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 it appears on the records of the Florida Department CB SERPENTINE, LLC
2. The Florida doc £13000156544	ument/registration number assigned to this limited liability company is:
Staaler Dame	ember/manager withdrew/resigned or will withdraw/resign is:
MEMBER	Came of Person Resigning) (Print Title)
	bility company and affirm the limited liability company has been notified of my
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)