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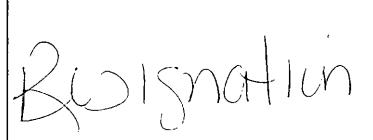
(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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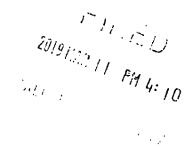
COVER LETTER

Division of Corporations		
SUBJECT: MDJST, LLC (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:		
Anthony C. Soviero (Contact Person)		
(Firm/Company)		
1025 W. Indiantown RD., Suite 106		
Jupiter FL 33458 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Anthony C. Soviero at (561) 278-0098 (Name of Contact Person) (Area Code & Daytime Telephone Number		
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$\frac{1}{2}\$\$ \$\fr		
STREET/COURIER ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		

CR2E079 (2/14)

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: M.D.J.S.T. LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L14000076520
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 311 2014
4. 1, Margaret C. Soviero Revocable Trust hereby withdraw/resign as a () (Prini Name of Person Resigning)
MGR - Marayer
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)