L14000128589

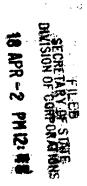
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MD Hospitality, LLC		
	nited Liability Cor	mpany
The enclosed Statement of Revocation of Dissolutio submitted for filing.	n for Florida Limi	red Liability Company and fee(s) are
Please return all correspondence concerning this ma	tter to:	
Elizabeth Jensen		
Contact Person		_
Sher, LLP		
Firm/Company		_
5750 Old Orchard Road, Suite 420		_
Address		_
Skokie, IL 60077		
City, State and Zip Code		-
erik@altitudehs.com		
E-mail address: (to be used for future annual rep	ort notification)	-
For further information concerning this matter, pleas	e call:	
Elizabeth Jensen	at (847	324-7982
Name of Contact Person	Area Code	Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, Florida 32301		,

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	MD Hospitality, LLC The name of the company is:	
	L14000128589	
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is	
4.	The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached.	
Signature of person authorized to submit the revocation of dissolution		

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

