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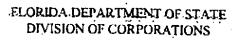
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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MCD INVESTMENTS USA, LL				
(Name of Limited	Liability Cor	upany)		
The enclosed member, resignation or dissociation	on and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this	s matter to:			
Maria Jose Granados-Godoy				
(Contact Person)		_		
Simply Legal, LLP				
(Firm/Company)		_		
1200 Brickell Avenue, #850				
(Address)		_		
Miami, FL 33131				
(City/State and Zip Code)	· <u> </u>	_		
For further information concerning this matter, please call:				
Maria Jose Granados-Godoy	305	858-6208		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section		
Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		
Tallahassee, Florida 32301				

CR2E079 (2/14)





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

(Pursuant to 605.0216, Florida Statutes)

4. The name of the limited liability company as it appears on the records of the Florida Depa	rtment '
of State is: MCD INVESTMENTS USA, LLC	
2. The Florida document/registration number assigned to this limited liability company is:  ±14000192066-	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \(\frac{\lambda \lambda \lambda \lambda \lambda}{\lambda \lambda	05,20
(Print'Name of Person Resigning)	,, ,,
Manager	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
- Couch farmy	
Signature of Dissociating Member or Resigning Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: