L160000 95945

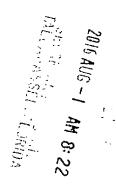
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





500288458115

08/02/16--01006--007 **25.00





S Warren AUG 0 2 2016

COVER LETTER *

TO:	Registration Section Division of Corporations		
SUBJ	MDH Global Impuls	s LLC	
		ited Liability Con	npany)
The e	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
	Hermann Seidl		
	(Contact Person)		_
<u> </u>	(Firm/Company)		-
	1101 NE 2 Street		_
	(Address)		
	7		
	Hallandle Beach, FL 33009 (City/State and Zip Code)		_
	(City/state and Zip Code)	,	
For fi	arther information concerning this matt	er, please call:	
	Hermann Seidl	_ at (305	_) 986-1852
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		

CR2E079 (2/14)



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 appo	ears on the records of the Florida Department
of State is:	MDH Global Impuls LLC	
2. The Florida docu	ment/registration number assigned	to this limited liability company is:
L16000095	5945	
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is: 07/01/16
4. I, Deann Patt	erson,	hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MGR		
	(Print Title)	
of this limited lial resignation in wri	• •	ed liability company has been notified of my
- Haid		
Signature of Di	ssociating Member or Resigning M	anager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	Fair

CR2E079 (2/14)