

# L17000 054 020

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

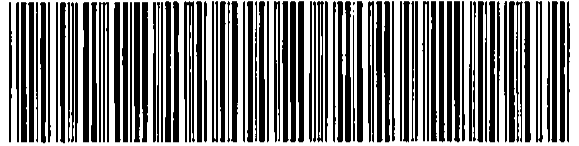
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCMD Properties 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:

Mayra McGarry Cid Del Prado

(Contact Person)

(Firm/Company)

PO Box 273082

(Address)

Tampa, FL 33688

(City State and Zip Code)

For further information concerning this matter, please call:

Mayra McGarry Cid Del Prado

(Name of Contact Person)

516

319-8458

at ( )

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: MCMD Properties LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000054020


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/24/2019

4. I, David R Dobin, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Secretary

*(Print Title)*

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)

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT**

F.S. 695.25

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before

me this 26 day of July, 2019.  
Date Month Year

by David R Dobin  
Name of Person Acknowledging

who is personally known to me or who has produced  
Florida Driver's License

Type of Identification

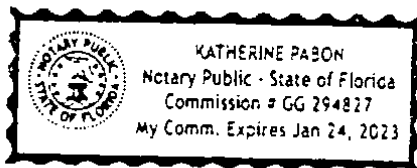
as identification.

Katherine Pabon

Signature of Notary Public

Katherine Pabon

Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Notary Public — State of Florida

**OPTIONAL**

Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Dissociation or Resignation of member, manager  
from Florida or foreign limited liability company MCMO Properties LLC

Document Date: July 26, 2019 Number of Pages: 2

Signer(s) Other Than Named Above: David R Dobin