L18 0000 14156

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COVER LETTER

Division of Corporations	
MICD LLC SUBJECT:	
	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Denise Csaky	
(Contact Person)	
MICD LLC	
(Firm/Company)	
2391 Caringa Way, Apt. H	
(Address)	
Carlshad, CA 92009	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Denise Csaky	917 544.1675 at ()
(Name of Contact Person)	(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
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Tananassee, FL 32314	Tallahassee, FL 32303

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)

	limited liability company as	it appears on the records of	f the Florida Department
of State is: MICL			 •
2. The Florida doct L18000014156	ument/registration number as	ssigned to this limited liabili	ity company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	gn is:
4. I, Denise Csaky		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
Authorized Memb	ег		
-	(Print Title)		
resignation in wr			APR 26
Signature of Di	ssociating Member or Resign	ning Manager	E SPATE SO
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		31.