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## COVER LETTER

Division of Corporations MD GROUP CONSULTING, LLC SUBJECT: (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: DUBNITSKY, MICHAL (Contact Person) (Firm/Company) 2575 NE 214th Street (Address) Miami, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: 303-4807 561 DUBNITSKY, MICHAL (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

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Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO:

Registration Section



## 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 GROUP CONSULTING, LL	t appears on the records of the Florida Depa _C	artment	
2. The Florida docu L19000018688		igned to this limited liability company is:		
		7/31/2019  med or will withdraw/resign is: , hereby withdraw/resign as a		
		limited liability company has been notified	l of my	Wirstyll Store
Filing Fee:	ssociating Member or Resigni \$25.00 (Required) \$30.00 (Optional)	ing Manager	15 PM 2: 30	FILEU TARY OF STATE OF CORPORATION