## h21000766209

(Requestor's Name)					
(Address)					
(Address)					
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations			
SUBJ	ECT:	MDK1, LLC			
		(Name of Limited	I Liability Con	npany)	
The e	nclosed	d member, resignation or dissociati	on and fee(s	) are submitted for filing.	
Please	e returr	all correspondence concerning th	is matter to:		
Monic	a Clark				
		(Contact Person)		<del>.</del>	
MDK	I, LLC				
		(Firm/Company)		_	
14983	Draftho	rse Lane			( n
		(Address)		_	· ;
Wellin	ngton, Fl	L33414			
		(City/State and Zip Code)		_	- -
For fu	arther i	nformation concerning this matter,	please call:		:
Monic	a Clark	· .	561 it (	541-5160	
	(N	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
	osed ple 5 Filin	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
	Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 phassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee FL 32303	10



## 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)

	e limited liability company as it appo		he Florida Department
2. The Florida doc L21000266209	rument/registration number assigned	l to this limited liability	company is:
D. ALICIA HE	ember/manager withdrew/resigned of NRY  Name of Person Resigning)	or will withdraw/resign hereby withdraw/resign	
	MGR		
	(Print Title)		
of this limited lia resignation in w	ibility company and affirm the limiteriting.	ed liability company ha	s been notified of my
Signature of D	issociating Member or Resigning M	anagor	: · · ·
			. 3
	\$25.00 (Required)		<i>:</i>
Certified Copy:	\$30.00 (Optional)		· · ·