

L21000504487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

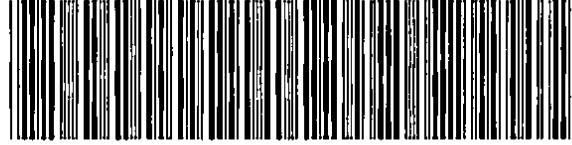
rtified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

U. Mills

Office Use Only



300440560313

12/12/24-01001-024 **100.00

2024 DEC 12 PM 10:46
TALL
2024 DEC 12 PM 12:22
TALL
J.D.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLD Hospitality Group 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:

Charles B. Harrison
(Contact Person)

(Firm/Company)

1413 Trovillion Avenue
(Address)

winter park, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles B. Harrison at (407) 694-6445
(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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 DEC 12 AM 11:34
TALLAHASSEE

2024 DEC 12
TALLAHASSEE



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: MLD Hospitality Group LLC

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

L21000504487

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

12th
2024

4. I, Jennifer Evgenik, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager, Authorized Person
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2024 DEC 12 11:10:46