

622000121831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

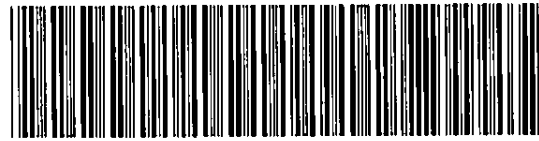
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N. HUNT

03/28/24

(3)

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 03/28/2024

NAME: M.D. PROPERTIES GROUP 1, LLC

TYPE OF FILING: RESIGNATION

COST: 25.00

RETURN: PLAIN COPY PLEASE

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

File 3rd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.D PROPERTIES GROUP I 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:

(Contact Person)

M.D PROPERTIES GROUP I LLC

(Firm/Company)

11916-11982 133RD AVE

(Address)

LARGO, FL 33778

(City/State and Zip Code)

2007-09-28 AM 9:14
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

_____ 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:

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



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: M.D PROPERTIES GROUP 1 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000121831

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/28/24

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

Authorized Member (AMBR)

(Print Title)

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

DocuSigned by:

Sarah Amar

2246028F4EE4403

Signature of Dissociating Member or Resigning Manager

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

2024 MAR 28 AM 9:14
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FL