

**m130000061377**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : 120020000091  
Phone : (770)777-2091  
Fax Number : (770)220-1943

**LLC DISSOLUTION OR WITHDRAWAL  
MD/NA RESTAURANT FUND I GP LLC**

Certificate of Status	0
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Estimated Charge	<b>\$25.00</b>

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APR 1 2014

T. HAMPTON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MD/NA RESTAURANT FUND I GP LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

(Name of Person)

Triad Professional Services, LLC

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Person)

at 770 777-2091

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

MD,

((H14000076461 3)))

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MD/NA RESTAURANT FUND I GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

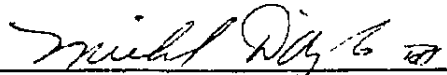
03/04/2013

(Date registered with Florida Department of State)

M13000001377

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Michael D'Angelo

(Typed or printed name of signee)

Filing Fee: \$25.00

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2014 MAR 31 AM 9:58  
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TALLAHASSEE, FLORIDA

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