# L0800059337

(Re	equestor's Name)		
(Ad	ddress)		
· (Ad	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



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06/10/16--01022--007 \*\*\$5.00

7711S JUN 10 TO 5:0

JUN 15 2013 BRUCE

#### **COVER LETTER**

Division of Corporations
SUBJECT: 6AR of Marco, 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:
Oregory Fishell (Contact Person)
6AR of Marco, LLC. (Firm/Company)
460 S. Bartield DY.
Marco Island, FL 34145 (City/State and Zip Code)
For further information concerning this matter, please call:
(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\\$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

TO: Registration Section

CR2E079 (2/14)

#### MAILING ADDRESS:

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



### 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)

_	mited liability company as it appears on the re-	cords of the Florida Department
2. The Florida docum	nent/registration number assigned to this limite	ed liability company is:
3. The date this mem	nber/manager withdrew/resigned or will withdr	aw/resign is: <u>5-14-10</u>
	d Hauber, hereby withd	
Manag	ini Title)	
of this limited liabi resignation in writi	ility company and affirm the limited liability coing.	ompany has been notified of my
Signature of Diss	sociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SEEF FLORIDA