

L000000014185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

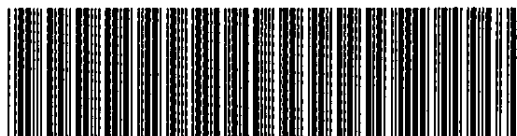
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 DEC 13 PM 2:02
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 14 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2010

REGINA VISO
PRODEK INC.
10900 NW 21 ST UNIT 190
MIAMI, FL 33172

SUBJECT: MARKSMAN, L.C.
Ref. Number: L00000014185

We have received your document for MARKSMAN, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 210A00027213

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marksman, L.C.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Regina VISO
(Contact Person)

% Prodek Inc
(Firm/Company)

10900 NW, 21 ST UNIT # 190
(Address)

MIAMI, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Regina VISO at (305) 594-4488
(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

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

OK received by you on 11/19/10



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2010 DEC 13 PM 2: 03

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Marksman, L.C.

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L000000014185

4. I, X JUIS E. LOPEZ, hereby resign as a X Vice-President
(Print Name of Person Resigning) (Print Title)

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

X Eduardo Lopez
Signature of Resigning Member, Managing Member or Manager

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