mark meyer's Castle, C.	000	2055	8/8
Requester's Name 300 S. Bushove Dv., S. Address	te 1600		
Min FL 33/33 City/State/Zip Phone #		7000041325 05/03/01-05 *****25.00	727—0 1031—010 ******25.00
		ffice Use Only	
CORPORATION NAME(S) & DOCUME $(5) - 532$	ENT NUMBER(S), (if kr	nown):	MJH
(Corporation Name)	(Document #)		· 구 . 또 · · · · · · · · · · · · · · · · · ·
2(Corporation Name)	(Document #)		e se mes
3(Corporation Name)	(Document #)		
4. Corporation Name)	00029142 (Document #)	<u> </u>	· · · · · · · · · · · · · · · · · ·
Walk in Pick up time		☐ Certified Copy ☐ Certificate of Status	
Mail out Will wait	☐ Photocopy	Certificate of Status	•
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withdr Merger REGISTRATION/OU Foreign Limited Partnership Reinstatement Trademark Other	ed Agent LAR AND ALIFICATION FOR SET OF SET	OI MAY -1 PM 5: 02
CR2E031(7/97)		Examiner's Initials	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Mark	Meyers		, hereby resign as	Manager	Director	Member	
of	Mark	Meyers	Costle	, LLC	l (Title		•	
υ <u>. </u>		3	(Limited Lizbility	Сотрапу)	-1 i		³	
a lir	nited liability co	mpany organize	d under the laws	of the State of_	tbrid	<u>~</u>		
and affirm that the limited liability company has been notified in writing of the resignation.								
•		1	M					
	(S	enature of resign	ing manager, m	anaging member	or member)			

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314

TARY OF STA

CR2E079(10/99)