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(Re	equestor's Name)	ï.
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	#) .
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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		3/14
	Office Use Only	



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SECHEMAN OF STATE

דורט

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAR I'L Services LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mechil Sidawi (Name of Person)		
MAR FL Services LLC (Firm/Company)		
5911 Santa Fe River Orive Apt 201		
Tampa FL 33167 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mechal Sidowi at (813) 298-4680 (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 \$\times \text{Certified Copy}\$		

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Karl Schrada, hereby resign as Manager
of M&R Floriola Services Land
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida and affirm that the limited liability company has been notified in writing of the resignation.
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing 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
Tallahassee, FL 32314