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(CI	ty/State/Zip/Phone	· #)	
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Office Use Only



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SECKETARY OF STATE
TALLAHASSEE ET DOIN

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ISFP MARKS LLC (Name of Limited Liability Co	mpany)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or M	Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Matthew Rabins (Name of Person)	
(Name of Person)	<del></del>
(Firm/Company)	_
40 Park Ave - Apt 86	
(Address)	
(City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Motther Blis	DU 941
Motther Pobins at (561 (Name of Person) (Area Coo	de & Daytime Telephone Number)
	,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

i, Matti	ieh	Robins		, hereby resign a	s Manasi	ng M	lem b	e,
77 / 17 0		_			(Ti	tl <b>6</b> )		<del></del>
of <u> ユメギア</u>	NA	RKS	LLC					,
		·	(Limited Liability	Company)				
a limited liabilit	y compa	ny organize	ed under the laws	s of the State of _	Florida			
and affirm that t	he limite	d liability	company has bee	n notified in writ	ting of the res	signation	n.	
		alth	Zolom					
	(Signati	are of resig	ning manager, m	anaging member	or member)	•		
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#### 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