

LO6000027995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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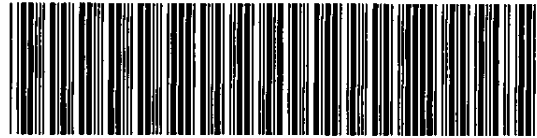
(Business Entity Name)

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*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARSH GROUP, 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:

TERRI L. ANDREWS  
(Name of Person)

MARSH GROUP, LLC  
(Firm/Company)

186 SE NEWELL DRIVE  
(Address)

LAKE CITY, FL 32025  
(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI ANDREWS at ( 386 ) 754-8915  
(Name of Person) (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

☒ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)

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DIVISION OF CORPORATIONS  
2006 MAY 25 PM 4:23



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, TERRI L. ANDREWS, hereby resign as MANAGER  
(Title)

of MARSH GROUP, LLC,  
(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.

*Terri Andrews*  
(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

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