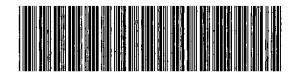
10000061961

/Po	aunatoria Namo)	· · ·
(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(50	Sinces Char, Han	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	•	
	•	
	<u></u>	

Office Use Only



000131648760

06/25/08--01016--006 **35.00

2886 JUN 27 AM 10: 44
SECHETARY OF STATE
FALL AHASSEE, FLORIDA



T. CLINE

JUN 3 0 2008

EXAMINER

We-61961

FRANK C. AMATEA

(352) 732-4740 FAX (352) 867-5111 500 n. e. eighth avenue Ocala, Florida 34470

....

June 23, 2008

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

RE:

Marshall & Son Painting, LLC Document Number: L06000061961

Ladies/Gentlemen:

Enclosed please find Resignation of Earl L. Marshall as Manager/Member of Marshall & Son Painting, LLC.

Enclosed is my office account check for the filing fees of 0.00.

Very truly yours,

// //

FCA:ejm Enclosures

BOLD FREE BOARDER

Rechased is ny ofiishe occount theck for the filling these of \$25.00,

akkalin dak - placana - luad - Bakkapasa da da - ak - Bakkalik - da Managan (Manban da Nakahalil - Baka Balading, IIII).

٠.,

FLORIDA DEPARTMENT OF STATE

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA

COUNTY OF Marion

- I, EARL L. MARSHALL, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:
- I, EARL L. MARSHALL, hereby resign as Manager/Member of MARSHALL & SON PAINTING, LLC, a limited liability company. That the company has been notified in writing of the resignation.

Earl L. Marshall

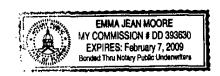
ASSET AM

personally known or produced the following identification:

Sworn to and subscribed before me, this 23 day of June, 2008.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My commission expires:



FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314