L07000055844

(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southern North South
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_
-1/w

Office Use Only



200419873042

14/03, 26--01022--001 (++35,60

FILED 2024 FEB -2 PM 3: 02 SENGTANG RESERVE

nautoisoca A

FEB 0 6 2024 D CUSHING

TRANSMITTAL LETTER

SUBJECT: (Name of Co	orporation)	
DOCUMENT NUMBER: L07000055844		
The enclosed Officer/Director Resignation for a Corpor	ration and fee are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Christiaan Marais		
(Name of Person)	- 	
Marais Investment Holdings		
(Name of Firm/Company)		
14 Veridian Lane		
(Address)	<u> </u>	2
Alpharetta GA 30009		onol FER
(City/State and Zip Code)		7
For further information concerning this matter, please c	all:	V i
Christiaan Marais 954	818-5555	T: 9
(Name of Person) (Area	Code & Daytime Telephone Number)	ယ္ 🍑 02

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Amendment Section Division of Corporations



January 8, 2024

CHRISTIAAN MARAIS MARAIS INVESTMENT HOLDINGS 14 VERIDIAN LANE ALPHARIETTA. GA 30009

SUBJECT: MARAIS INVESTMENT HOLDINGS LLC

Ref. Number: L07000055844

We have received your document for MARAIS INVESTMENT HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00000412

Diane Cushing Operations Manager A

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liabili	ty compar	ıy as it ap	pears on	the recor	rds of t	he Flor	ida Departn	nent
of State is:	NARIAS	INVES	TMEN	T Ho	LDING	;s L		·	
2. The Florida docu	ıment/registra	tion numb	er assign	ed to this	limited l	liability	y comp	any is:	
L07000	105584	4							
3. The date this me	mber/manage	r withdrew	v/resigned	or will	withdraw	/resign	is:	19/40	23
4. I, ArrDRE									
MANAG	EA . Print Title)		<u>_</u> ·						
of this limited lial resignation in wri	•	y and affir	m the lim	ited liab	ility com	pany h	as beer	notified of	my
CHRISTIAAU Signatura of Di	MARA7S	to PDA	FOR	ANDR	E MAT	apris			
Signature of Di	ssociating Me	mber or R	lesigning	Manage	r				
Filing Fee:	\$25.00 (R	equired)							
Certified Copy:									