KO7000065654

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section
Division of Corporations TO: Marshault Warmaide LLC

SUBJECT:				
(Name of Limit	ed Liability Co	пірану)		
The enclosed member, resignation or dissocia	tion and fee(s) are submitted fo	or filing.	
Please return all correspondence concerning the	his matter to:			
Angie May				
(Contact Person)		_		
EMS Consulting				
(Fum/Company)		_		
5550 W Executive Dr, Ste 450				
(Address)		_	· 78	
Tampa, FL 33609			ZOZZ JUH CTARTA	
(City/State and Zip Code)		_		
For further information concerning this matter	r, please call:		, P	
Angie May	813 at (287-2486) }
(Name of Contact Person)	\	& Daytime Teleph		•
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of Stag Fee & Certified		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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



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)

of State is:	
2. The Florida document/registration number assigned to this limited liability company is: L07000065654	
3 The date this member/manager withdrew/resigned or will withdraw/resign is: 5/02/2022	_
4. I. Douglas Myrback (Print Name of Person Resigning) Mapager Mapager	- 4º
Manager E	
(Prim Title)	ç
of this limited liability company and affirm the limited liability company has been notified of mesignation in writing.	ў т аз з
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	