900005216

. (Requestor's Name)					
·					
(Address)					
•					
(Address)					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800161222798

10/05/09--01019--021 **50.00

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: Marshall-Cook Enterprizes, LLC							
	(Name of Limited	Liability Comp	pany)				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.							
Please	return all correspondence concerning thi	s matter to:					
Sha	nnon Nelson						
***************************************	(Contact Person)						
Marshall-Cook Enterprizes, LLC, dba Gutter Topper of Central Florida							
145	45 Michener Trail (Address)						
Orla	indo, FL 32828						
	(City/State and Zip Code)						
For further information concerning this matter, please call:							
Sha	nnon Nelson at	(407)	574-2926 Daytime Telephone Number)				
	(Name of Contact Person)	(Area Code &	Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$255 Filing Fee &							
	_	1	Certified Copy				
STRE	ET/COURIER ADDRESS:	I	MAILING ADDRESS:				
	ration Section		Registration Section				
Divisi	on of Corporations		Division of Corporations				

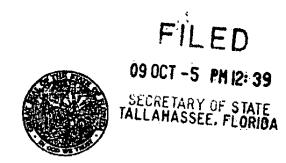
P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5-06)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as in rshall-Cook Enterpr		s of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doca L0900000	ument/registration number of t 05216	this limited liability cor	npany is:
4. I, Chris Co	OK lame of Person Resigning)	, hereby resign as a	Managing Member
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compa	•
02	- Col-		
Signature of Res	gning Member, Managing Mo	ember or Manager	
Filing Fee; Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		