

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

Office Use Only

G. MCLEOD

FFR 24 2010

**EXAMINER** 



500167252075

02/23/10--01032--020 \*\*110.00

10 FEB 23 AM 11: 47

SECRETARY OF SCHOOL OF CORPORATIONS

## **COVER LETTER**

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations
SUBJECT: MARIMANI, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L09000108433
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pierre Elmaleh Name of Person
Sunstone PP, LLC Name of Firm/Company
407 Lincoln Rd. #2K Address
Miami Beach, FL 33139 City/State and Zip Code
pelmaleh@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Pierre Elmaleh at ( 786 ) 303-7255  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			_	artmei	nt
^	• • •	nized under the laws of:	:		
			ty company is:		
					v
	• •			•	y
Signature of Resign	ing Member, Manag			•	9
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			10 FEB 23	SECRETARY VISION OF C
				AM II: 47	ORFORATION OF A THE
	of State is: MA  2. This limited liability  The Florida docum  LOGOO  4. I, Rough NA  (Print Nam  of this limited liability resignation in writing  Signature of Resign  Filing Fee:	2. This limited liability company was organged of State is: MARIMAN L.  3. The Florida document/registration number LOGOOLO & 433  4. I, Roman Name of Person Resigning of this limited liability company and affir resignation in writing.  Signature of Resigning Member, Managing Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2. This limited liability company was organized under the laws of FLORIDA  3. The Florida document/registration number of this limited liability and the limited liability of this limited liability company and affirm the limited liability of this limited liability company and affirm the limited liability of resignation in writing.  Signature of Resigning Member, Managing Member or Manager Filing Fee:  \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2. This limited liability company was organized under the laws of:  FLORIDA  3. The Florida document/registration number of this limited liability company is:  LOGOOLOGUS  (Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been notified resignation in writing.  Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)	2. This limited liability company was organized under the laws of:  FLORIDA  3. The Florida document/registration number of this limited liability company is:  LOBOROR & 433  4. I, Romina Robinson Resigning (Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been notified of m resignation in writing.  Signature of Resigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)

3