

L090000113938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

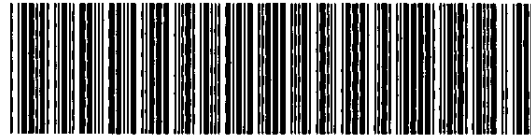
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100238423871

100238423871
08/16/12--01012--013 **55.00

FILED
12 AUG 16 PM 12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

M MARTIN AND ASSOCIATES LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

K ZAFAR

(Contact Person)

OPUS USA LLC c/o Worldwide Incorp Inc

(Firm/Company)

3411 Silverside Rd, Ridney Bldg, Suite 104

(Address)

Wilmington, DE 19810

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTY MARTIN _____ at (**561**) **353 6246**
(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

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
12 AUG 16 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: M MARTIN AND ASSOCIATES

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L09000113938

4. I, KAY ZAFAR, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

FILED
12 AUG 16 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA