

L10000069639

(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



800326013718

03/15/19--01010--011 \*\*30.00

FILED  
2019 MAR 15 P 7:21  
JULIA W. L. L. L.  
TALLAHASSEE, FLORIDA

2/28/19 75

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E- Market Solution  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Monica Rojas  
(Contact Person)

E- Market Solutions  
(Firm/Company)

11221 NW 42 Terrace  
(Address)

Miami FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Rojas at ( 786 ) 291-7976  
(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  
2019 MAR 15 P 7:21  
TALLAHASSEE, FLORIDA



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 liability company as it appears on the records of the Florida Department of State is: E. Munk Solutions

2. The Florida document/registration number assigned to this limited liability company is: L1000069639

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2019 MAR 15 P 7:22

4. I, Jonny Boies, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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