

L10000082597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

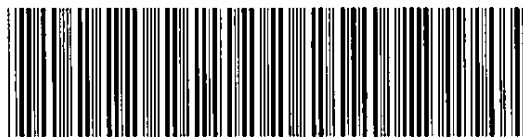
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/20/17--01021--012 \*\*25.00

FILED  
17 JUN 20 AM 9:18  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 21 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARMOLINA LLC  
(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:

JOSE AROSA

(Contact Person)

MARMOLINA LLC

(Firm Company)

1110 brickell Av # 800

(Address)

Miami - FL. 33137

(City/State and Zip Code)

# 178

For further information concerning this matter, please call:

Jose AROSA

(Name of Contact Person)

at 54911 414121469 (Argentina) or

(Area Code & Daytime Telephone Number)

AROSA JOSE@HOTMAIL.COM

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

CR21:079 (2-14)

### MAILING ADDRESS:

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



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: MARMOLINA LLC

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

L 10000082597

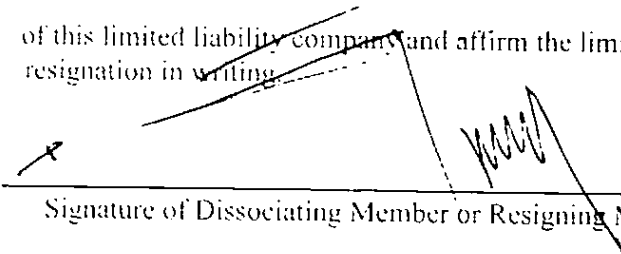
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, JOSE PEDRO AROSSA, 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 of Dissociating Member or Resigning Manager

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

FILED  
17 JUN 20 AM 9:18  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA