

L10000084139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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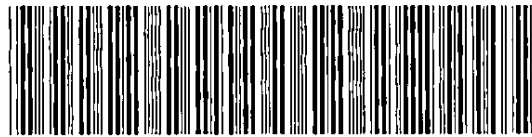
(Business Entity Name)

(Document Number)

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17 JUN 20 AM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 21 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marmor Plaza 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 PEDRO AROSA
(Contact Person)

Marmor Plaza LLC
(Firm/Company)

16425 Collins Ave. Tower I. Apt 1718
(Address)

SUNNY Isles, FL. 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE PEDRO AROSA at 54911 4412 1469 (Argentina)
(Name of Contact Person) (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

MAILING ADDRESS:

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

CR2E079 (2/14)



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: MARMA PLAZA LLC

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

C 100000 8413-9

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

4. I, Jose Pedro Arosa, 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)

FILED
17 JUN 20 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA