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**EXAMINER** 



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TALLAHASEEE FLORIE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Marks Transport 1 (Name of Limited Lia	LLC ability Company)
The enclosed member, managing member or manafiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Marte Gelines (Contact Person)	<del></del>
Mark's Transport 1 LLC (Figh/Company)	<del></del>
210 cypicgs st (Address)	
Orlando Fl 32824 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Mark GC/nas at (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F  \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Mark's Transp		of the Florida Departm	ent 
2. This limited liab	oility company was organize	d under the laws of:		
	ument/registration number o	f this limited liability com	pany is:	
4. I,	A VA.(AC) Jame of Petelon Resigning)	, hereby resign as a	Manager (Print Tile)	_
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability compar	y has been notified of r	ny
Signature of Resi	Vargo - man igning Member, Managing M			
Filing Fee:	\$25.00 (Required)		TH JU SECRE TALLIAN	- yr
Certified Copy:	\$30.00 (Optional)		L 13 PM	
			FLOREIT 3	J

CR2E079 (5/06)