

L11000107017

(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:

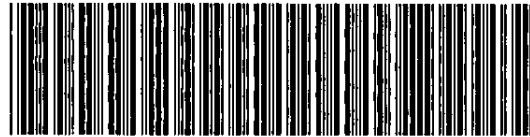
Rem

Office Use Only

B. KOHR

AUG - 8 2012

EXAMINER



900238109569

08/06/12--01005--029 **25.00

12 AUG - 6 AM 8:19
RECEIVED BY STATE
OF VIRGINIA CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marketing Direct Services
(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:

Vernor Toland
(Contact Person)

Marketing Direct Services
(Firm/Company)

7380 Sand Lake Road, Suite 500
(Address)

Orlando, Florida 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Vernor Toland at (407) 234-6874
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
DIVISION OF CORPORATIONS
12 AUG -6 PM 1:19

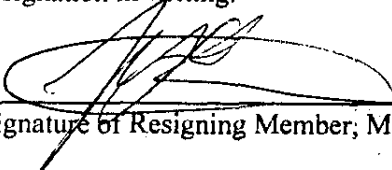
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Marketing Direct Services, LLC

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

3. The Florida document/registration number of this limited liability company is:
L11000107017

4. I, Joshua Rodriguez, hereby resign as a Manager
(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)

STATE OF OREGON)
COUNTY OF Clatsop) ss.

ACKNOWLEDGMENT

I HEREBY CERTIFY that on this day before me, a Notary Public, duly commissioned, qualified and acting, with and for said County and State, personally appeared in person(s) Joshua Rodriguez and _____, and _____, and each stated that ~~he/she/they~~ had executed the foregoing Agreement for the consideration and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in said County and State this 31 day of July, 2012.

[Signature]
Notary Public

My Commission Expires: 10/21/2014

