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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** Market Maven LLC (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: Jose M. Moya (Contact Person) Market Maven LLC (Firm/Company) 2898 NW 95th Avenue (Address) Coral Springs FL 33065 (City/State and Zip Code) For further information concerning this matter, please call: Jose M. Moya (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: **MAILING ADDRESS:** 

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

**Division of Corporations** 

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 it aprket Maven LLC	opears on the records of the	he Florida Departi	ment ·
2. This limited liab	ility company was organized und	ler the laws of:		
	ument/registration number of this	limited liability company	y is:	
<sub>4. I,</sub> Zalman My	er-Smith ame of Person Resigning)	, hereby resign as a Vice	President/Member	
/ (Print N	ame of Person Resigning)		(Print Title)	_
of this limited lia resignation in wr	bility company and affirm the lin	nited liability company ha	as been notified of	my
<i>'</i>	1 1 (		*	
$I$ $\Lambda \cap$			94 8	
Signature of Resi	gning Member, Managing Memb	per or Manager	2013 JUL -3 ZECRETAR ZELEAPIASS	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Y OF STAT	M
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