

L12000022338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DIVISION OF CORPORATIONS
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T. HAMPTON

TO: Registration Section
Division of Corporations

True North Marketing

Please return all correspondence concerning this matter to:

JARED SKLAR
(Contact Person)

(Contact Person)

(Firm/Company)

1166 W Newport Center Dr
(Address)

(Address)

Deerfield Beach FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

Tired Skyar

(Name of Contact Person)

at (516) 761-8375 or 954 379 4702
(Area Code & Daytime Telephone Number)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

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☐ \$55 Filing Fee &
Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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**

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

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

Florida Department of State Division Corp

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

L12000022338

4. I, JARED SKLAR, hereby resign as a Partner/MBRM
(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)