

L120000023362

(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:

NOV - 7 2012

L. SELLERS

Office Use Only



300241395183

11/05/12--01010--010 \*\*25.00

FILED  
12 NOV -5 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MELLOW ENTERPRISES KEY WEST, 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:

MARY BETH MEYERS, CPA

(Contact Person)

WARD & MEYERS, LLC

(Firm/Company)

3201 FLAGLER AVENUE, SUITE 506

(Address)

KEY WEST, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY BETH MEYERS, CPA at ( 305 ) 293-0265 EXT. 2#

(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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MELLOW ENTERPRISES KEY WEST, LLC.
2. This limited liability company was organized under the laws of:  
State of Florida.
3. The Florida document/registration number of this limited liability company is:  
L12000023362.
4. I, MICHAEL MARSH, 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)

**FILED**  
**12 NOV -5 PM 4:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA