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TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
12/31

DEC 08 2015

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARLYGO AND JIREH LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARTHA MELGAREJO

(Contact Person)

MARLYGO AND JIREH LLC

(Firm/Company)

9015 S.W. 125TH AVENUE UNIT N-206

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

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For further information concerning this matter, please call:

MARTHA L. RODRIGUEZ, C.P.A.

(Name of Contact Person)

at ( 305 ) 385-6428

(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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MARLYGO AND JIREH LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000029641

3. The date this member/manager withdrew/resigned or will withdraw/resign is: DEC. 31, 2015

4. I, LIDIA Y. MELGAREJO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER (MGRM)

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Lidia Y Melgarejo

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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