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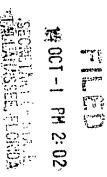
(Requestor's Name)			
(Address)			
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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OCT 1 0 2014

C. CARROTHERS

COVER LETTER

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations

TO:

SUBJECT: Marshall 441 Holdings, UC			
(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:			
William C Marshall (Contact Person)			
Marshall 441 Holdings, LCC			
USION State Rd7			
COCONUT CYLLK, FL 33073 (City/State and Zip Code)			
For further information concerning this matter, please call:			
william Marshall # 954 6178120			
(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 & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314



FILED 與OCT-I PM 2: 02

FLORIDA DEPARTMENT OF STATE TEXT LANGUE CHARGE 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 lin of State is:	nited liability company as it ap	pears on the records of the Florida Department
2. The Florida docum	ent/registration number assigned	ed to this limited liability company is:
3. The date this memb	per/manager withdrew/resigned	or will withdraw/resign is:
4. I, Michelle (Print Nam	MUSHAII e of Person Resigning)	, hereby withdraw/resign as a
Man	int Thle)	
of this limited liabil resignation in writing		ited liability company has been notified of my
Signature of Disco	Deciating Member or Resigning	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)