

U2000154739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

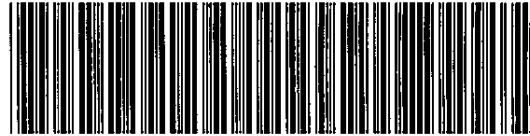
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263329801

10/01/14--01008--007 **25.00

FILED
19 OCT -1 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 10 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marshall Delray Holdings, 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:

William C Marshall
(Contact Person)

Marshall Delray Holdings, LLC
(Firm/Company)

6810 N State Rd 7
(Address)

Coconut Creek, FL 33073
(City/State and Zip Code)

For further information concerning this matter, please call:

William C Marshall at (954) 617-8120
(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

**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: Marshall Delray Holdings, LLC

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

L120 00154739

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/3/14

4. I, Michelle L Marshall, hereby withdraw/resign as a
(Print Name of Person Resigning)

manager
(Print Title)

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

8 Michelle Marshall
Signature of Dissociating Member or Resigning Manager

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

FILED
OCT - 1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA