

L13000061962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

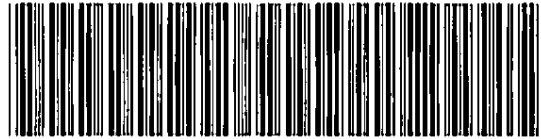
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2023 MAY 11 PM 12:29

SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARTA REALTY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000061962

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ainsworth, Esq.  
Name of Person

Ainsworth & Clancy, PLLC  
Name of Firm/Company

801 Ave. 8th Fl  
Address

Miami, FL 33131  
City/State and Zip Code

info@business-esq.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ainsworth, Esq. at ( 305 ) 600-3816  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
Ainsworth & Clancy, PLLC, hereby resigns as  
Name of Registered Agent

Registered Agent for MARTA REALTY LLC  
Name of Limited Liability Company

L13000061962  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.  
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

John Ainsworth  
Typed or Printed Name  
Manager  
Capacity

**FILING FEES:**  
\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2023 MAY 11 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA