

L13000086290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

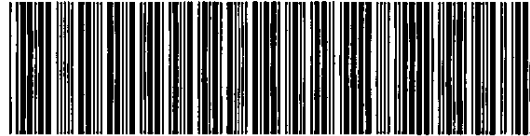
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT -6 PM 3:48
DIVISION OF CORPORATIONS

O SIMMONS

OCT 07 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

MARIE JULIAN-PAYNE
3473 W BLOSSOM DR
BEVERLY HILLS, FL 34465

Ref. Number: L13000086290

2017 OCT -6 AM 11:28
FALL / HILLS (0610)

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need date member/manager withdrew/resigned in space provided on line 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 216A00020839



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: Market Street FL, LLC

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

L 13000086290

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept 12, 2016

4. I, Jim Cassia, 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 resignation in writing.

Jim Cassia mgr
Signature of Dissociating Member or Resigning Manager

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

FILED
OCT - 6 PM 3:49
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Market Street FL, 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:

Marie Julian-Payne
(Contact Person)

(Firm/Company)

3473 W. Blossom Drive
(Address)

Beverly Hills Florida 34465
(City/State and Zip Code)

For further information concerning this matter, please call:

Marie Julian-Payne at (352) 586-7452
(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