

Division of Corporations

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L13000100705

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 317-6382

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, PLLC
Account Number : 1200600000021
Phone : (561) 833-9800
Fax Number : (561) 655-5551

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: John.Turner@saui.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYNNMARK INVESTMENTS LLC

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYNNMARK INVESTMENTS 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:

John A. Turner
(Contact Person)

Saul Ewing Arnstein & Lehr LLP
(Firm/Company)

515 N. Flagler Drive, Suite 1400
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Turner at (561) 833-9800
(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



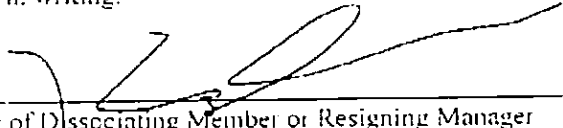
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: LYNNMARK INVESTMENTS LLC
2. The Florida document/registration number assigned to this limited liability company is: L13000100705
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 27, 2018
4. I, Kathy Musso, 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.



Signature of Dissociating Member or Resigning Manager

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

2018 JUN 28 AM 8:01
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-28-2018 BY 60322
UC/LP