L13000154509

,
(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:
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MARBELLA DESIGN OUTLET, LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
THAMARA H. GATES	
(Contact Person)	
MARBELLA DESIGN OUTLET, LLC	
(Firm/Company)	
3520 LANSING LOOP, UNIT #201	
(Address)	· ·
ESTERO, FL 33928	
(City/State and Zip Code)	·
For further information concerning this matter, please ca	all:
THAMARA H. GATES 813	
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid ■ \$25 Filing Fee □ \$55 Fil	a Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 10 PM 12: 27

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)

The name of the limited liability company as it appears on the records of the Florida Department of State is: MARBELLA DESIGN OUTLET LLC		
2. The Florida docu L1300015450	ment/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	
4. I, THAMARA H		
MANAGER		
·····	Print Title)	
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my ting.	
É har	rain gute	
Signature of Di	ssociating Member of Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	