L140000004872

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09/29/14--01013--016 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

CLEW'S

... COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FLORIDA MARICETEERS, LLC (Name of Limited Liability Company)		
(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:		
JUANNE M. HAGEMAN (Contact Person)		
FURIOR MARKETEEPS		
12770 WATERFORD CIPCLE #148 (Address)		
FORT MYERS FLORIDA 33919 (City/State and Zip Code)		
For further information concerning this matter, please call:		
JOANNE HAGEMAN at (607) 661-6910 (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 \$25 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

Tallahassee, Florida 32314

P.O. Box 6327

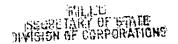
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





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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 liabi	lity company as it appears on the records of the Florida Department
of State is: FLORIDA	MARKETEERS, LLC
2. The Florida document/registr	ration number assigned to this limited liability company is:
L140000048	372
3. The date this member/manag	er withdrew/resigned or will withdraw/resign is: $\frac{9/24/14}{14}$
4. I, Nathan Sper (Print Name of Person	Resigning), hereby withdraw/resign as a
member (Print Title)	.
of this limited liability comparesignation in writing.	ny and affirm the limited liability company has been notified of my
Signature of Dissociating N	lember or Resigning Manager
Filing Fee: \$25.00 (I Certified Copy: \$30.00 (C	•