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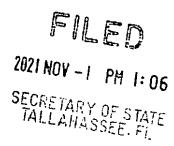
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COVER LETTER

TO: Registration Section Division of Corporations	
US MARTAR I.I.C	
SUBJECT: (Name of	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
MARIELA MARTINEZ	
(Contact Person)	
US MARTAR, LLC.	
(Firm/Company)	
4712 NW 75 PL	
(Address)	
COCONUT CREEK, FL., 33073	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
MARIELA MARTINEZ	954 825-8405 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





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)

	he limited liability company as it app MARTAR, LLC.	pears on the records of the Florida Department
2. The Florida do	ocument/registration number assigne	d to this limited liability company is:
3. The date this n	member/manager withdrew/resigned	or will withdraw/resign is:
MADIELA A	. MARTINEZ I Name of Person Resigning)	
MANAGER	J 47 69	
	(Print Title)	
of this limited l resignation in v	, ,	ted liability company has been notified of my
Signature of I	Dissociating Wember or Resigning !	Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	