

L14 000 / 87450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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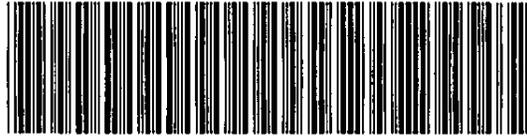
(Business Entity Name)

(Document Number)

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15 FEB 10 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 16 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARTAUSA LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000187450

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ARIEL FURMAN**  
Name of Person

**KAPITAL GROUP LLC**  
Name of Firm/Company

**1882 TYLER ST**  
Address

**HOLLYWOOD, FL 33020**  
City/State and Zip Code

**AFURMAN@KAPITALGROUPLLC.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ARIEL FURMAN** at ( **305** ) **5031756**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**KAPITAL GROUP LLC**

, hereby resigns as

Name of Registered Agent

Registered Agent for **MARTAUSA LLC**

Name of Limited Liability Company

**L14000187450**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

**KAPITAL GROUP LLC**

Typed or Printed Name

**MANAGER**

Capacity

FILED  
15 FEB 10 AM 10:59  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314