L160000 96884

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

	Registration Section Division of Corporations	
	Division of Corporations	
SUBJE		
	(Name of Lin	nited Liability Company)
The enc	losed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to:
Tara D. F	Britton	
	(Contact Person)	
Market M	Mafia, LLC	
	(Firm/Company)	
6269 22n	d Avenue N.	
	(Address)	
St. Peters	sburg. FL 33710	
	(City/State and Zip Code)	
For furt	her information concerning this mat	er, please call:
Tara D. I	Britton	863 370-2809 at ()
·	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	d please find a check made payable	to the Florida Department of State for:
\$25	Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	randnassee, FL 52514	Tallahassee, FL 32303



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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)

	e limited liability company as it appears on the records of the Florida Department set Mafia. LLC
2. The Florida doc L16000096884	cument/registration number assigned to this limited liability company is:
Vinskaula Dadie	ember/manager withdrew/resigned or will withdraw/resign is: 4/30/2020 isky , hereby withdraw/resign as a Name of Person Resigning)
Manager	(Print Title)
of this limited li- resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of E	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)