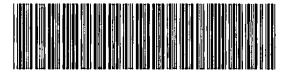
## L16CC0197495

Office Use Only



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FER 0 6 2021 S. YOUNG



## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUR	Mile Marker 81 LLC		
50120	(Name of Lim	ited Liability Com	pany)
The e	enclosed member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Pleas	e return all correspondence concerning	this matter to:	
J. Ja	ans		-
	(Contact Person)		
Mile	Marker 81 LLC		_
	(Firm/Company)	<u> </u>	
8100	01 Overseas Hwy		_
<u></u>	(Address)		
Islar	morada, FL 33036		_
<del></del>	(City/State and Zip Code)		
For f	further information concerning this mat	ter, please call:	
J. <b>J</b> á	ans	305 at (	432-2188
	(Name of Contact Person)	(Arca Code	& Daytime Telephone Number)
	osed please find a check made payable 25 Filing Fee		Department of State for: 3 Fee & Certified Copy
STR	REET/COURIER ADDRESS:		MAILING ADDRESS:
_	istration Section		Registration Section
	sion of Corporations		Division of Corporations P.O. Box 6327
	ton Building  I Executive Center Circle		Tallahassee, Florida 32314
	ahassee, Florida 32301		rananassee, rionaa 22314

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)

	limited liability company as  Marker 81 LLC	it appears on the records of	the Florida	Departn	nent 
2. The Florida docu L16000197495	ment/registration number as	ssigned to this limited liabili	ty company	is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	3/16/1 m is:	7	
4. I. Michael Anza (Print N	, hereby withdraw/resig	gn as a			
	(Print Title)  bility company and affirm the liting.	e limited liability company l	has been not	tified of	my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ning Manager		879 DEC 28 PH 1: 32	turn turn turn turn turn turn turn turn