L17000010260

(Re	questor's Name)	
(ive	·queator a manne)	
(Ad	dress)	
(Ad	dress)	
`	•	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300351340943

09/01/20 -01025--013 ++1017.50

FILED

BECRETARY OF STATE

THE MARY OF STATE

Ja 10/13/20

COVER LETTER .

TO: Registration Section Division of Corporations		
MARATHON REAL E	STATE PROPERTIES, LLC	
1	Name of Limited Liability Company	
DOCUMENT NUMBER: L17000	010260	
The enclosed Resignation of Registe for filing.	ered Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence con	ncerning this matter to the following:	
Kristie Tolliver		
Name of Perso	11	
COGENCY GLOBAL INC.		
Name of Firm/Con	npany	
850 New Burton Rd., Suite 201	1	
Address		
Dover, DE 19904		
City/State and Zip	Code	
E-mail address: (to be used for future	annual report notification)	
For further information concerning t	his matter, please call:	
Invoices Team Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number	
Enclosed is a check made payable to liability company or \$25.00 for an acliability company.	the Florida Department of State for \$85.00 for an active limited dministratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the undersigned,
COGENCY GLOBAL, INC.	, hereby resigns as
Name of Registered Age	ent C
Registered Agent for MARATHON REAL	_ ESTATE PROPERTIES, LLC
	,
Name of Lin	nited Liability Company
L17000010260	
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 disco	ontinued on the 31st day after the date on which this statement is filed.
	ristic Tolliver Signature of Resigning Agent
If signing on behalf of an entity:	
Kristie Tolliver	
	Typed or Printed Name
Assistant Secret	ary, COGENCY GLOBAL INC.
	Capacity
FILING \$ 85.00 \$ 25.00	Active limited liability company 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