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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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Resignation

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COVER LETTER

Registration Section Division of Corporations ST MARC CARRIER LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **GETHRO PHILIPPE** (Contact Person) ST MARC CARRIER LLC (Firm/Company) 882 GARNETT ST (Address) LANTANA FL, 33462 (City/State and Zip Code) For further information concerning this matter, please call: GETHRO PHILIPPE (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as it appears on the records of the Florida Department
2. The Florida docu L17000136196	ment/registration number assigned to this limited liability company is:
	nber/manager withdrew/resigned or will withdraw/resign is: OPE
MANAGER	me of t etson resigning)
	Print Title)
of this limited liab	ility company and affirm the limited liability company has been notified of my ing.
	Camp ethors
Signature of Di	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)