## L18000008786

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Marin Electrical (Name of Limited Lie	Solutions, LLC ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
Lency Varia (Contact Person)	<del></del>
Marin Electrical Soluti	ms LLC
12460 DW 107 AVE#1 (Address)	
Hialech Gardens, FL 33019 (City/State and Zip Code)	3
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the  ☐ \$25 Filing Fee  ☐ \$	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## 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)

1. The name of the	limited liability company as it appears on the records of	the Florida Department
of State is:	Jarin Clectrical Solutions,	LLC.
2. The Florida docu	ument/registration number assigned to this limited liabili	ty company is:
	2858 000	1
3. The date this me	mber/manager withdrew/resigned or will withdraw/resig	gn is: 11177 2022
4. 1. 1000 (Print N	lame of Person Resigning), hereby withdraw/resigning)	
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company iting.	has been notified of my
1	, an	
Signature of D	ssociating Member or Resigning Manager	2022 110V 2 IALL/31A35
•	\$25.00 (Required)	OV 21
Certified Copy:	\$30.00 (Optional)	<u> </u>