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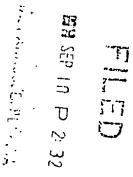
(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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D. SCOTT SEP 1.4 2018

COVER LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: MARQUIS FLORIDA PROPER	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
JOHN T. DOYLE	
(Contact Person)	
MARQUIS FLORIDA PROPERTIES LLC	
(Firm/Company)	
5650 CAMINO DEL SOL SUITE 107	
(Address)	
BOCA RATON, FL 33433	; ¹
(City/State and Zip Code)	 2
For further information concerning this matter,	please call:
JOHN T DOYLE	ແ ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t ■ \$25 Filing Fee	the Florida Department of State for: \$\simeq\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 FI RQUIS FLORIDA PROPERTIES LLC	orida Depart	ment
2. The Florida doc L1800017709	cument/registration number assigned to this limited liability con	npanytis:	[-]
4. I	ember/manager witndrew/resigned or with witndraw/resign is: _	T 1	garand S grand grand h
of this limited his resignation in w	(Print Title) ability company and affirm the limited liability company has be riting.	en notified o	f my
Ht 4	4. Brasse		