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## COVER LETTER

Registration Section

TO:

**Division of Corporations** MARCO HOSPITALITY SOLUTIONS 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: Rodney Henson (Contact Person) (Firm/Company) 1461 Larimer Ridge Pkwy (Address) Timnath, CO 80547 (City/State and Zip Code) For further information concerning this matter, please call: ÇÜ Rodney Henson (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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 it ap	•	a Department
of State is: MAR	CO HOSPITALITY SOLUTIONS ELC	·	
1.19000192401	ament/registration number assign		•
3. The date this me	mber/manager withdrew/resigned	l or will withdraw/resign is:	/2024
3. The date this member/manager withdrew/resigned or will withdraw/resign is:   4. I,   Rodney Henson		, hereby withdraw/resign as a	)fr. ,
(Print A Manager	'ame of Person Resigning)		<del>.</del>
	(Print Title)		
	bility company and affirm the lim	ited liability company has been n	otified of my
resignation in wr	iting.		ಯ
Signature of D	ssociating Member or Resigning	Manager	
<del>-</del>	\$25.00 (Required) / \$30.00 (Optional)		