# L18000269958

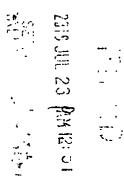
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MARKET 81 LLC (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:
CHRISTIAN T ULRICH (Contact Person)
MARKET 81 (Firm/Company)
6344 NW 63 TER (Address)
PARKLAND, FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
CHRISTIAN T. ULRICH at (954) 857-1925 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sumset\$ \$\\$\\$\\$\$ \$\\$\\$\$ Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	1ARKET 81 LLC
	ment/registration number assigned to this limited liability company is:
<del>_</del>	mber/manager withdrew/resigned or will withdraw/resign is: 7 - 18 201
4. I. NOREE	N ULRICH , hereby withdraw/resign as a
	NAGER (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Novem	Ulail
Signature of Di	ssociating Member or Resigning Manager
· ·	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)