K19000038179

(Requestor's Name)
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(City/State/Zip/Phone #)
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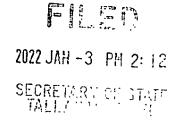
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COVER LETTER

TO:	Registration Section Division of Corporations	
_	7020 2450 0000 9977 6297	
SUBJ	ECT: Marc's Antique Auto LLC	
	(Name of Lin	nited Liability Company)
The e	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
Maure	en Arago (Contact Person)	
Arago	Law Firm, PLLC (Firm/Company)	
230 E.	Monument Ave. Suite A (Address)	
Kissim	mee, FL 34741 (City/State and Zip Code)	
For fu	rther information concerning this mat	ter, please call:
Maure		at (407) 344-1185
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made pavable	to the Florida Department of State for:
	5 Filing Fee	☐ \$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
	ruminassec, I L 32314	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: MAR	C'S ANTIQUE AUTO LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
L19000038179	·
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/16/2021
4. I, Branden J. Newa	hereby withdraw/resign as a lame of Person Resigning)
Manegar (MA	nager) (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)