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## **COVER LETTER**

Division of Corporations MARKET STREET SOCIAL, 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: BRITTNEY L. HULSEY (Contact Person) MARKET STREET SOCIAL, LLC (Firm/Company) 1027 MCCLELLAND AVENUE (Address) PORT ST JOE, FL 32456 (City/State and Zip Code) For further information concerning this matter, please call: BRITINEY L. HULSEY (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



## 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	s it appears on the records of the Florida Department
2. The Florida doc 1.19000146487	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, ALEXANDER J. CATO  (Print Name of Person Resigning)		, hereby withdraw/resign as a 28
AUTHORIZED MEMBER (Print Title)		26 All 1997
of this limited lia resignation in w	bility company and affirm thiting.	he limited liability company has been notified of my
$\mathbb{Q}_{\sim}$	Des	<u> </u>
Signature of D	issociating Member or Resig	ming Manager
	\$25.00 (Required) \$30.00 (Optional)	Caroligum Burge
		Carclipun Burge  OLYNN Bring Metacry  My Goran Sacres  An Grany 1, 2023  No the secret