

WZ0 0000010884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

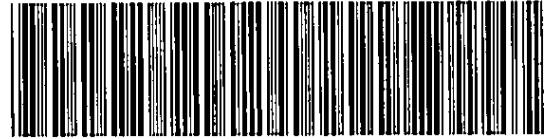
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
DEC 06 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marty Huggins Development LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000010884

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Gonzalez

Name of Person

Marty Huggins Development, LLC

Name of Firm/Company

12396 SW 61st Place Road

Address

Ocala, FL 34481-4120

City/State and Zip Code

ginagl1120@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgina M. Marty

Name of Person

at ( 352 )

Area Code

456-8019

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Julian J. Casanova

Name of Registered Agent

Registered Agent for Marty Huggins Development, LLC

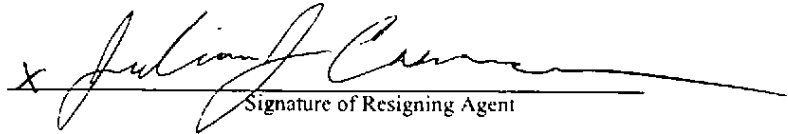
Name of Limited Liability Company

L20000010884

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

x   
Signature of Resigning Agent

If signing on behalf of an entity:

JULIAN J CASANOVA  
Typed or Printed Name  
RESIGNING AS A MEMBER AND AS REGISTERED AGENT  
Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL