# 12000010994

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(Address)		
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(City/State/Zip/Phone #)		
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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** MARTY & HUGGINS DEVELOPMENT 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: GEORGINA M MARTY (Contact Person) MARTY & HUGGINS DEVELOPMENT LLC (Firm/Company) 12396 SW 61st PLACE ROAD (Address) OCALA, FLORIDA 34481-4120 (City/State and Zip Code) For further information concerning this matter, please call: GEORGINA M MARTY (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

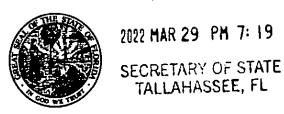
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

### FILED



#### 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 a	s it appears on the records of the Florida Department
2. The Florida docu L20000010884	ument/registration number a	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I,   (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N MEMBER/MAN		
<b></b>	(Print Title)	
of this limited lial resignation in wr		he limited liability company has been notified of my
Lulis	n J (wannows ssociating Member or Resig	
Şignature of Di	ssociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	