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(Address)
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10/25/22--01030--004 **149.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAIN STREET SUBSIDIZER UCC (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:
DERRICK MARBLES (Contact Person)
D.B. MARRIEL CORPSERTION LLC (Firm/Company)
230 NE 4TH ST. (Address)
MIAMI F1. 33(3Z) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (784) 337-5906 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigsquare\$ \$55 Filing Fee & Certified Copy
Mailing Address: Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



January 22, 2023

DERRICK MARBLES 230 NE 4TH STREET MIAMI, FL 33132

SUBJECT: MAIN STREET SUBSIDIZER LLC

Ref. Number: L20000048604

We have received your document for MAIN STREET SUBSIDIZER LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong was sent to Resign as Registered Agent, however when you filed the Amendment that REMOVED Diane Marchese.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 823A00001537

Neysa Culligan Regulatory Specialist III

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2022 OCT 25 AHII: 21
SECRETARY OF STATE
TANKAN SEE TE

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:	PAIN STREET SUBSIDIZER LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	0048604
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{10/21/22}{2}$
4. I, <u>~ </u>	EMAICHESTE, hereby withdraw/resign as a fame of Person Resigning)
	(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 D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)