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COVER LETTER

Registration Section Division of Corporations MARS FOOD 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: ALLISON RICHARDS (Contact Person) (Firm Company) 3869 SIENNA GREENS TERRACE (Address) LAUDERHILL, FL 33319 (City State and Zip Code) For further information concerning this matter, please call: ALLISON RICHARDS 419-8960 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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SECRETARY OF STATE TALLAHASSEE, FL

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)

		is it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L20000146501		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I. ALLISON RICHARDS (Print Name of Person Resigning)		London Material Control of the Contr
4. 1,	Came of Person Resigning)	, nereby wiindraw/resign as a
MANAGER	- ' '	
- · · · · · · · · · · · · · · · · · · ·	(Print Title)	
of this limited lia resignation in wr	• •	he limited liability company has been notified of my
1.6	Richards	
	issociating Member or Resi	
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Ontional)	