L20000213656	
(Requestor's Name) (Address) (Address)	100376736871
(City/State/Zip/Phone #)	11/17/2101007007 **25.00
(Business Entity Name)	
(Document Number)	5 SE
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COVER LETTER

TO: Registration Section Division of Corporations

MARS FOOD II 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:

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

<u>Mailing Address:</u> 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

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SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE AHASSEF DIVISION OF CORPORATIONS

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: MARS FOOD II LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L20000213656
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______

4. I. ______, hereby withdraw/resign as a ______, hereby withdraw/resign as a

AUTHORIZED MEMBER (AMBR)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

\$25.00 (Required) Filing Fee: Certified Copy: \$30.00 (Optional)