## 120000383796

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



700410562877

S. CHATHAM AULO 1, 2023

06/26/23--01014--006 \*\*25.00





## 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)

| 1. The name of the limited liability company as it appears on the records of the                       | e Florida Department  |
|--|-----------------------|
| of State is: Marquina Holdings LLC   | ,<br>                 |
| 2. The Florida document/registration number assigned to this limited liability                         | company is:           |
| L20000283796   |                       |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign i                            | is: <u>G 24 20</u> 23 |
| 4. I. Sofia Elena Marquina, hereby withdraw/resign (Print Name of Person Resigning)                    |                       |
| MGR (Print Title)  |                       |
| of this limited liability company and affirm the limited liability company has resignation in writing. | s been notified of my |
| Signature of Dissociating Member or Resigning Manager  |                       |
| DW - F   | ~ .                   |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)                                      | 2023                  |

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations  |  |
|---------|--|--|
| SUBJI   | ECT: <u>Marquina</u> Holdings (Name of Limited Liability Con                                       | npany)   |
| The en  | closed member, resignation or dissociation and fee(s   | ) are submitted for filing.  |
| Please  | return all correspondence concerning this matter to:   |  |
|         | Cardice Margoine (Contact Person)  | <del>.</del>   |
|         | Marquina Holdings LLC  | -<br>-   |
| ••      | 4750 3rd de SW (Address)   | -  |
|         | Naples FL 34119 (City/State and Zip Code)  | -  |
| For fur | ther information concerning this matter, please call:  |  |
|         | Candice Harquina at (239 (Name of Contact Person) (Area Code                                       | 601 - 4399<br>& Daytime Telephone Number)  |
|         | sed please find a check made payable to the Florida E<br>Filing Fee                                | Department of State for: g Fee & Certified Copy  |
|         | 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. Monroc Street, Suite 810 Tallahassee, FL 32303 |

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