## L20000318423

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 13 NW MARQUEZ 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: YUSMILA GONZALEZ (Contact Person) (Firm/Company) 332 SW 26TH ST (Address) CAPE CORAL, FL 33914 (City/State and Zip Code) For further information concerning this matter, please call: YUSMILA GONZALEZ 239 233-7303 at (\_\_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing 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. Monroe Street, Suite 810
Tallahassee, FL 32303

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## 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 as	s it appears on the record	s of the Florida Department
			·
2. The Florida doci L20000318423	ument/registration number a	ssigned to this limited lia	ability company is:
		<del></del> ·	03/30/2021
3. The date this me	mber/manager withdrew/res	signed or will withdraw/r	esign is:
	-	, hereby withdraw/resign as a	
(Print N MANAGER	ame of Person Resigning)		
· · · · · · · · · · · · · · · · · · ·	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	any has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	AHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ANII: 08 EE. FLORID
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