## L20 000 330 000

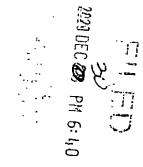
(Red	questor's Name)				
(Address)					
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(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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FEB 10 2021 S. YOUNG

## **COVER LETTER**

Division of Corporations		
Marker 40, LLC SUBJECT:		
	nited Liability (	Company)
The enclosed member, resignation or dissoci	iation and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter t	o:
Donald V. Fullerton		
(Contact Person)		<del>_</del>
Marker 40, LLC		
(Firm/Company)		- <del>-</del>
4255 Stacey Rd. E.		
(Address)		<del></del>
Jacksonville, Fl. 32250		
(City/State and Zip Code)		<u> </u>
For further information concerning this matter	er, please ca	11:
Donald V. Fullerton	904 at (	635-5575 ) de & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		a Department of State for: ing 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

CR2E079 (2/14)



## 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 a	s it appears on the records	of the	Florida	a Depa	artment
of State is: Mark	er 40, LLC	<del></del>				·
2. The Florida doc L20000330000	ument/registration number a	ssigned to this limited liab	oility co	mpan	y is:	
	ember/manager withdrew/res		esign is:	Decem	iber 18	, 2020
4. I,	son lame of Person Resigning)	, hereby withdraw/re	esign as	a		
(Print N	lame of Person Resigning)		_			
Member						
	(Print Title)					
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has b	een no		-
lla	+ de Moro				2720 DEC 20	, to
Signature of Di	ssociating Member or Resig	ning Manager	:	f ·	<b>3</b>	<u></u> نن
				:	<u> </u>	1
Filing Fee:	\$25.00 (Required)				ف	پستان نوبي د ا
Certified Copy:	\$30.00 (Optional)				<b>F</b>	