

120000387028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

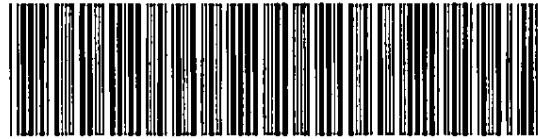
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500382733765

03/02/22--01011--006 \*\*55.00

FILED

2022 MAR -2 AM 8:55

CLERK OF STATE  
TALLAHASSEE, FL

C. BRUMBLEY

MAR 11 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

MARM REALTY, 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:

Joan Mahalak

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

42650 US 27

\_\_\_\_\_  
(Address)

Davenport, FL 33837

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Mahalak

734

7558002

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_

(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:**

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



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 Florida Department  
MARM REALTY, LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
1200000387028  
\_\_\_\_\_

3/1/2022

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

Ralph Mahalak  
4. I, Ralph Mahalak, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager

\_\_\_\_\_  
(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

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

FILED  
2022 MAR -2 AM 8:55  
FLORIDA STATE  
DIVISION OF CORPORATIONS