## L21000282706

(Requestor's Name)				
(Address)				
(Address)				
· ,				
(City/State/Zip/Phone #)				
(Only/Otate/2)ph Holle #7				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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11/14/22--01035--025 \*\*25.80

137 near the market

FEB 11 3. PRATHER

## **COVER LETTER**

_	stration Section sion of Corporations		
21110			
SUBJECT:	MARTIN BRODER LLC		
	(Name of L	imited Liability Co	mpany)
The enclosed	d member, resignation or disso	ociation and fee(	s) are submitted for filing.
Please return	all correspondence concernir	ng this matter to:	
MICHAEL BR	ODER		
-	(Contact Person)		_
MARTIN BRO	DDER LLC		
	(Firm/Company)	-	_
5300 NW 12TI	H AVE, STE 2		
	(Address)		<u></u> -
FORT LAUDE	ERDALE, FL 33309		
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	atter, please call:	
MICHAEL BR	ODER	954 at (	895-9216
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple  ■ \$25 Filing	ease find a check made payabl g Fee		Department of State for: g Fee & Certified Copy
Mailir	ng Address:		Street Address:
Regis	stration Section		Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
r.U.	DUX U341		The Centre of Tallallassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314



## 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 it ap	ppears on the records of the Florida Department
2. The Florida doc L21000282706	ument/registration number assign	ed to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned	d or will withdraw/resign is:
4. I, SANDRA L MARTIN  (Print Name of Person Resigning)		
MGR		
	(Print Title)	
resignation in wr		nited liability company has been notified of my
Signature of D	issociating Member or Resigning	Manager
	\$25.00 (Required) \$30.00 (Optional)	~