## L710003S1242

(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.
J L Z ····
F: ` :





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## **COVER LETTER**

TO:	_	stration Section		
	Divis	ion of Corporations		
SUBJ	ECT:	Marsette LLC		
		(Name of	f Limited Liability C	Company)
The e	nclosec	l member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please	e return	all correspondence concern	ning this matter to	o:
Emery	B. Shee	r, CPA, ABV, CVA		
		(Contact Person)		_
Sheer	& Comp	any		
		(Firm/Company)		<del></del>
3350 S	SW 27A	ve, Suite 1602		
		(Address)	· · · · · · · · · · · · · · · · · · ·	
Cocon	ut Grove	:. FL 33133		
<del></del>		(City/State and Zip Code)		
For fu	rther in	nformation concerning this r	natter, please cal	1:
Emery	Sheer		305 at (	498 1022
	(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclos	sed plea	ase find a check made payal	ole to the Florida	Department of State for:
□ \$2:	5 Filing	y Fee	Ϫ \$55 Fili	ng Fee & Certified Copy
	<u>Mailin</u>	g Address:		Street Address:
		tration Section		Registration Section Division of Corporations
		ion of Corporations 30x 6327		The Centre of Tallahassee
		nassee, FL 32314		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)

	e limited liability company as it appears on the records of the Florida Department
of State is: Mars	sette LLC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
121	000351242
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
Ilienne Josette M	Aansur hereby withdraw/resign as a
(Print )	Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
	Il llamm
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)