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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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| J. HORNE | | | | |
| MAY 2 0 2022 | | | | |
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Office Use Only

COVER LETTER

| TO: | _ | stration Section sion of Corporations | | | |
|--------|-----------|--|----------------------|--|--|
| SUBJ | FCT. | Maranos Enterprises, LLC | | | |
| | EC1. | (Name of Limited Liability Company) | | | |
| The er | iclosed | d member, resignation or diss | sociation and fee(| s) are submitted for filing. | |
| Please | return | all correspondence concern | ing this matter to: | : | |
| Thoma | s J. Lori | ber | | | |
| | | (Contact Person) | | | |
| Marano | > Enterp | orise, LLC | | | |
| | | (Firm/Company) | - | _ | |
| 455 S. | Nova R | oad | | | |
| | | (Address) | | _ | |
| Omond | l Beach. | FL 32174 | | | |
| | | (City/State and Zip Code) | <u>-</u> | , | |
| For fu | rther in | nformation concerning this n | natter, please call: | : | |
| Thoma | s J. Lori | ber | 720 at (| 445-0962 | |
| | (N | lame of Contact Person) | | e & Daytime Telephone Number) | |
| Enclos | • | ase find a check made payab g Fee | | Department of State for: g Fee & Certified Copy | |
| | | ng Address: | | Street Address: Registration Section | |
| | Divis | stration Section sion of Corporations | | Division of Corporations | |
| | | Box 6327 hassee, FL 32314 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRETARY OF STARS TALLAHASSEE, FLORE

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 |
|--|--|---|
| of State is: Mara | nos Enterprises, LLC | |
| 2. The Florida doc L22000067624 | ument/registration number as | ssigned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/res | igned or will withdraw/resign is: 04/01/2022 |
| 4. I. John Anthony M | arano, Jr | , hereby withdraw/resign as a |
| (Print N | lame of Person Resigning) | |
| CEO | | |
| | (Print Title) | |
| of this limited lia resignation in wr | · · | e limited liability company has been notified of my |
| Signature of D | issociating Member of Resig | ning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |