## h22000285198

(Requestor's Name)				
(Requestors Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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## **COVER LETTER**

Division of Corporations			
MARDEN PARK, LLC SUBJECT:			
	limited Liability Con	npany)	
The enclosed member, resignation or disse	ociation and fee(s	s) are submitted f	or filing.
Please return all correspondence concerning	ng this matter to:		
J. MARC JONES			
(Contact Person)		_	
J. MARC JONES, P.A.			
(Firm/Company)		_	
P.O. BOX 196336			
(Address)		<del>-</del>	
WINTER SPRINGS, FL 32719			
(City/State and Zip Code)	<del></del> ·	_	_ •
For further information concerning this ma	atter, please call:		2022 Ji
J .MARC JONES	407 at (	359-9900 )	JUL 20
(Name of Contact Person)		& Daytime Telep	1
Enclosed please find a check made payabl  ■ \$25 Filing Fee		Department of Sta Fee & Certified	r. )

**TO:** Registration Section

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)

	e limited liability company a	as it appears on the records of the Florida Depa	artment	
2. The Florida doc L22000285198	ument/registration number a	assigned to this limited liability company is:		
DFBORAH HA	GEN	esigned or will withdraw/resign is: 6/29/2022, hereby withdraw/resign as a		
AUTHORIZED I		· .	2022 JU	ر العطالة د
of this limited lia resignation in w	ibility company and affirm triting.	the limited liability company has been notified	i	س ب د دو دو الاست
Signature of D	issociating Member or Resi	gning Manager	12:	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	,		