K22000285198

(Rec	uestor's Name)	
(Co.	,	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
<u> </u>		
Special Instructions to F	iling Officer:	
	 :	

Office Use Only

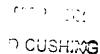


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2022 JUL 20 ANTH: 24

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COVER LETTER

TO: Registration Section Division of Corporations	
MARDEN PARK, LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
J. MARC JONES	
(Contact Person)	·· ·
J. MARC JONES, P.A.	
(Firm/Company)	
P.O. BOX 196336	
(Address)	
WINTER SPRINGS, FL 32719	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
J .MARC JONES	407 359-9900 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite
	Tallahassee, FL 32303

CR2E079 (2/14)



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)

		ppears on the records of the Florida	•	t
2. The Florida docu L22000285198	ment/registration number assign	ned to this limited liability company	is:	
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is: 6/29/20	22	
4. l, STACY SUMM	TT ame of Person Resigning)	, hereby withdraw/resign as a	. 2	
(Print N	ame of Person Resigning)		2022	
AUTHORIZED N	IEMBER		<u></u>	1
-	Print Title)		. 20	• •
		nited liability company has been no	tified ōf:my	
resignation in wr	ting.			العمدة الأ
See	Shill		1.0	
Signature of Di	ssociating Member or Resigning	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			