

K22000285198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

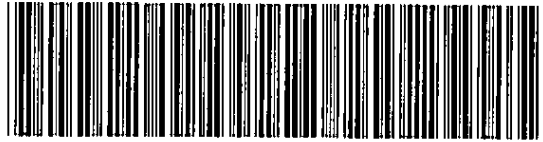
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400391170374

07/23/22--01005--017 \*\*25.00

2022 JUL 20 PM 11:24

REC-100

*Association*

REC-100  
CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARDEN PARK, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning 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 matter, please call:

J. MARC JONES at ( 407 ) 359-9900  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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

2022 JUN 20 11:11:24



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MARDEN PARK, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000285198

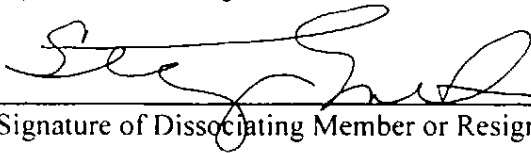
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/29/2022

4. I, STACY SUMMITT, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

2022 JUN 20 11:24

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)