M1100000 5121

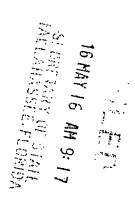
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARION REAL ESTATE INVESTMENTS, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: M11000005121
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhonda Peirce Name of Person
Capitol Corporate Services, Inc. (Registered Agent Dept.) Name of Firm/Company
PO Box 1831 Address
Austin, TX 78767 City/State and Zip Code
rpeirce@capitolservices.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rhonda Peirce at (800) 345-4647 Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

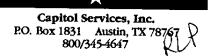
Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

Return acknowledgment to:



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the undersigned,	
Capitol	Corporate Services, Inc, hereby resigns as	
	Name of Registered Agent	
Registered Agent for MARION REAL ESTATE INVESTMENT		
	Name of the Limited Liability Company	_
<u>M1100</u>	0005121	
Document Nur	mber, if known	
A copy of this resignatio	on was mailed to the above listed limited liability company at its last known a	ddress.
The agency is terminated	d and the office discontinued on the 31st day after the date on which this state	ment is filed.
	Signature of Resigning Agent	er 🚣
If signing on behalf of ar	n entity:	6 MAY 1
	Jason Fischer	5 5
	Typed or Printed Name	~ < ‡
	Assistant Secretary	e A M
	Capacity	<u> </u>
	FILING FEES:	
	\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314