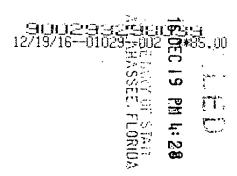
M15000000068

(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificate	Certificates of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

Division of Corporations MARCO NAPLES HITCHING POST LEASECO LLC Name of Limited Liability Company M15000009068 **DOCUMENT NUMBER:** 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: **Bonnie Yerry** Name of Person Corporation Service Company Name of Firm/Company 80 State street Address Albany NY 12207 City/State and Zip Code byerry@cscinfo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Bonnie Yerry

Name of Person

Registration Section

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	, Florida Statutes, the un	dersigned,			
Corporation Se	ervice Compan	у	, hereby resigns as			
	Name of Registered Agen					
Registered Agent for _	MARCO NAPL	ES HITCHING F	POST LEASE	CO LL	<u>C</u>	
***	Name of Limi	ted Liability Company				,
M1500000	9068					
Document N	lumber, if known					
A copy of this resignat	ion was mailed to the al	bove listed limited liabilit	ty company at its last	known ad	dress.	
The agency is terminate		ntinued on the 31st day af Lon Service Comp		this stater	ne nt is	filed.
	Sa	Signature of Resigning Agen	t (ASSEE,	19	1
If signing on behalf of	an entity:		•	<u> </u>	PM 4:	
	***	nie Yerry		ia: ORIU/	E0 60	*
	_	ped or Printed Name		, 4-4		
	Asst.	Secretary				
		Capacity				
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	lved/voluntarily disso	olved/		

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