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## **COVER LETTER**

TO: Re	egistration Section ivision of Corporations	
D	ivision of Corporations	
SUBJEC	$_{\mathbf{T}:MARATHON}$ INVESTMENT PROPERTIE	SLIC
SOBJEC	Name of Limited	l Liability Company
DOCUM	ENT NUMBER: M16000008786	
The enclo		a Limited Liability Company and fee are submitted
Please ret	urn all correspondence concerning this m	atter to the following:
Nicole W		
	Name of Person	
URS Agei		
	Name of Firm/Company	
3675 Cre	stwood Parkway Suite 350	
	Address	
Duluth, G	SA 30096	
	City/State and Zip Code	- <del></del>
	ons@urscompliance.com	
E-mai	il address: (to be used for future annual report noti	fication)
For further	er information concerning this matter, plea	ase call:
URS Agei	nts, LLC at (	800 )5674397
		rea Code Daytime Telephone Number
Enclosed liability c liability c	ompany or \$25.00 for an administratively	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILIN	G ADDRESS:	STREET ADDRESS:
=	on Section	Registration Section
	of Corporations	Division of Corporations
P.O. Box	6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersigned,	Party.
URS Agents, LLC	, hereby resigns as	20
	Name of Registered Agent	
Registered Agent for	MARATHON INVESTMENT PROPERTIES LLC	· ·
	-	0
_	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
M16000000706		
M10000008786		
	Number, if known	
Document A copy of this resigna	Number, if known  tion was mailed to the above listed limited liability company at its last little and the office discontinued on the 31st day after the date on which	
Document A copy of this resigna	tion was mailed to the above listed limited liability company at its last ted and the office discontinued on the 31st day after the date on which	
Document A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability company at its last sted and the office discontinued on the 31st day after the date on which Signature of Resigning Agent	
Document A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability company at its last sted and the office discontinued on the 31st day after the date on which Signature of Resigning Agent	
Document A copy of this resigna The agency is termina	tion was mailed to the above listed limited liability company at its last ted and the office discontinued on the 31st day after the date on which  Signature of Resigning Agent  an entity:	
Document A copy of this resigna	tion was mailed to the above listed limited liability company at its last ited and the office discontinued on the 31st day after the date on which Signature of Resigning Agent  an entity:  Edwardo Saldana	

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