PICUOCC FIH6C

(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



900354444229

11/03/20--01027--013 **175.00

DEC 1 2020

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	MARQUIS 2502 CORP.					
		(Name of	Corpo	oration)		
DOC	UMENT NUMBER: P1000007140	60				
The e	nclosed Officer/Director Resigna	ition for a Cor	porati	on and fee are submitted for filing.		
Please	e return all correspondence conce	erning this mat	iter to	the following:		
Maria	Pastrana					
	(Name of Person))				
Marqu	ais 2502 Corp.					
	(Name of Firm/Comp.	any)		_		
4045 S	Sheridan Avenue					
	(Address)					
Miami	Beach, FL 33140					
	(City/State and Zip Co	ode)				
For fu	arther information concerning this	s matter, pleas	se call:	:		
Maria	Pastrana	305		951-8349) vde & Daytime Telephone Number)		
	(Name of Person)	at ((A	rea Co	de & Daytime Telephone Number)		
Enclo	sed is a check for \$35.00 made p	ayable to the l	Florida	a Department of State.		
	Mailing Address:		Street .	Address:		
	Amendment Section		Amendment Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The C	Centre of Tallahassee		
	Tallahassee, FL 32314			N. Monroe Street, Suite 810		
			Tallah	nassee, FL 32303		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Guy M. Martin L.	CFO, hereby resign as	(Fitle)				
MARQUIS 2502 CORP.	(Name of Corporation)					
P10000071460 (Document Number, if kr						
FI ORIDA						

Signature of resigning officer director

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314