

L19 000 248 292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

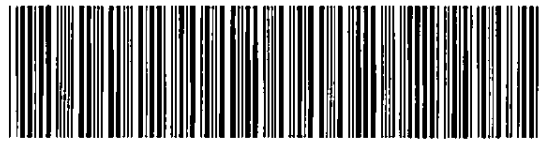
(Business Entity Name)

(Document Number)

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

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2024 MAR 22 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BBB Mr Distributors 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:

Luis Fernandez  
(Contact Person)

Luis Fernandez P.A.  
(Firm/Company)

2250 SW 3rd Ave. Suite 303  
(Address)

Miami, FL 33129  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Fernandez at 305 778-5955  
(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

FILED  
2024 MAR 22 PM 1:24  
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TALLAHASSEE, FL



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: BBB Mr Distributors LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000248292

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

2024 FEB 22 PM 1: 24  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL.  
February 22nd, 2024

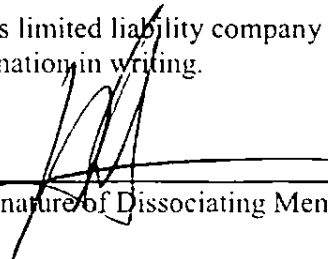
4. I, Manuel Rodriguez, hereby withdraw/resign as

*(Print Name of Person Resigning)*

AMBR

*(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

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