L21000180772

(Requestor's Name)				
(Ad	Idress)			
·	-			
				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
1	-1 Provide Nice			
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
• • • •	_			
				
Special Instructions to	Filing Officer:			

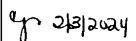
Office Use Only



600420934966

01/11/24--01026--001 ++25.00

2024 J.T.1.1 F.H.12: 4.0



COVER LETTER

TO:	Regis	stration Section		
	Divis	ion of Corporations		
SUBJ	ECT:	MY MINI MARKET LLC		
		(Name of I	limited Liability Co	mpany)
The e	nclosec	l member, resignation or disse	ociation and fee(s) are submitted for filing.
Please	e return	all correspondence concerni	ng this matter to:	:
RAMI	RO ROI	DRIGUES ORTIZ		
		(Contact Person)		
мү м	IINI MA	RKET LLC		
		(Firm/Company)		_
4058 V	v whil	EWATER AVE		
		(Address)		
WEST	FON, FL	. 33332-2403		
*****		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this ma	atter, please call:	:
RAMI	RO ROI	DRIGUES ORTIZ	954 at (687 5902
	(N	ame of Contact Person)		e & Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payabl g Fee		Department of State for: g Fee & Certified Copy
	Regis	ng Address: stration Section		Street Address: Registration Section
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, F1, 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



2024 JULE 1 PH 12: 40

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)

the Florida Department
ty company is:
n is:
un ac a
gn as a
has been notified of my
has been notified of