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(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Z	ip/Phone #)		
PICK-UP W	/AIT MAIL		
(Business E	ntity Name)		
(Document Number)			
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J. HORNE			
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SECRETARY OF STATE

COVER LETTER

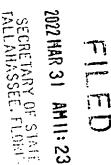
TO: Registration Section Division of Corporations

SUBJECT:	BARGAIN	MAX DM LLC	
(Name of Limited Liability Company)			
The enclosed member	r, resignation or diss	ociation and fee	(s) are submitted for filing.
Please return all corre	spondence concerni	ng this matter to):
SHIRZAI SHAKIB			
	(Contact Person)		
BARGAIN MAX DM LL	,C		
	(Firm/Company)		_
5270 CLAPBOARD CRE	EK DRIVE		
	(Address)		
JACKSONVILLE, FL 32	226		
(Ci	ity/State and Zip Code)	•	
For further informatio	n concerning this m	atter, please call	l:
SHAKIB SHIRZAI		904 at (294 - 3111)
(Name of Co	ontact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a ■ \$25 Filing Fee	i check made payabl		Department of State for: ng Fee & Certified Copy
Mailing Address	<u>.</u>		Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

		y as it appears on the records of the Florida Department
		er assigned to this limited liability company is:
		/resigned or will withdraw/resign is: 03/14/2022, hereby withdraw/resign as a
(Print) AMBR		
of this limited lia resignation in wr	riting.	n the limited liability company has been notified of my
Signature of D	issociating Member or Re	signing Manager
	\$25.00 (Required) \$30.00 (Optional)	