

LO30000 20459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

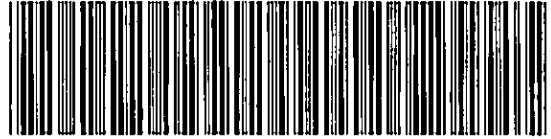
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300321538653

12/10/18--01007--018 **35.00

2018 DEC 26 P 10:13
RECEIVED
FILING OFFICE

1/2/19 GS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2018

LESLIE BLOON
8180 NW 44TH ST
CORAL SPRINGS, FL 33065

SUBJECT: SUPERIOR BUILDING SUPPLIES, LLC
Ref. Number: L03000020459

We have received your document for SUPERIOR BUILDING SUPPLIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00025716

12/24/18

Dear Dionne M. Scott

Sorry that we filled out the incorrect form. Attached is the correct form.

Since you received the \$35.00 instead of the \$25.00, we did not include another check. If there are any questions, please contact Leslie Bloom @ 954-6958175
www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Building Supplies 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:

Leslie Bloom
(Contact Person)

Superior Building Supplies LLC
(Firm/Company)

8180 NW 44th Street
(Address)

Coral Springs
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Bloom at (954) 695-8175
(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

Already Paid

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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: Superior Building Supplies LLC

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

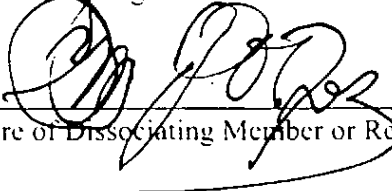
L 03000020459

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/05/2018

4. I, Maxim Podrez, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member
(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)