

LO4000054517

(Requestor's Name)

(Address)

(Address)

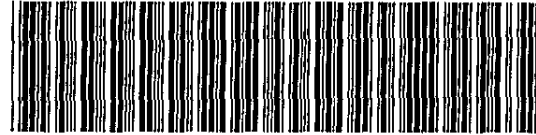
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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Acknowledgement \_\_\_\_\_

W. P. Verifier \_\_\_\_\_

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T/LLAHAS  
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FILE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 99 CENT SUPERSTORE LLC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** L04000054517  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL FELDMAN  
\_\_\_\_\_  
(Name of Person)

PAUL FELDMAN, PA  
\_\_\_\_\_  
(Name of Firm/Company)

407 LINCOLN ROAD, SUITE 701  
\_\_\_\_\_  
(Address)

MIAMI BEACH, FL 33139  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL FELDMAN at ( 305 ) 534-4721  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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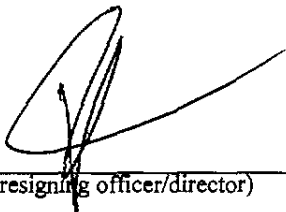
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, AMRAM ADAR, hereby resign as MANAGER  
(Title)

of 99 CENT SUPERSTORE LLC  
(Name of ~~Corporation~~ *Limited Liability Company*)

L04000054517, a ~~corporation~~ organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
\_\_\_\_\_  
(Signature of resigning officer/director)

**FILING FEE IS \$25.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**