L04000062584

(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone	÷#)
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PICK-UP	☐ WAIT	MAIL
(Bı	ısin ess Entity Nam	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

99 CENT SUPERCE	ENTER OF MELBOUF	RNELLC		
SUBJECT: 99 CENT SUPERCE	(Name of Corpor		<u> </u>	
DOCUMENT NUMBER: L040	00062584			
The enclosed Officer/Director Resig	gnation for a Corporation	n and fee are submitted for	r filing.	
Please return all correspondence cor	ncerning this matter to th	ne following:		
PAUL FELDMAN				
(Name of Pers	on)			
PAUL FELDMAN, PA				
(Name of Firm/Con	mpany)			
407 LINCOLN ROAD, SUITE 70	01			
(Address)	<u> </u>			
MIAMI BEACH, FL 33139				
(City/State and Zip	Code)			
For further information concerning t	his matter, please call:			
PAUL FELDMAN	at (305	534-4721	SEC	7055
(Name of Person)	(Area Code	& Daytime Telephone Nur	nbet 22	¥ -
Enclosed is a check for \$35.00 made	e payable to the Florida l	534-4721 & Daytime Telephone Nur Department of State.	ARY OF	1- IL
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	as	- :	Bh :-

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. AMRAM ADAR	, hereby resign as MANAGER	
-,	(Title)	
of 99 CENT SUPERCENTER C		
(Nam	cos Componention) Limited Liability Company	
L04000062584	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

FILING FEE IS \$25.00

(Signature of resigning officer/director)

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