# L08000046389

(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:		
<b></b>		



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Office Use Only

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 3 STOR (Name of Limite	ES んんC d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Judy Lai (Contact Person)	
(Firm/Company)	
2049 SAILBOROUGH CT	<del>-</del>
WINTER GARDEN, FL. (City/State and Zip Code)	34787
For further information concerning this matter,	please call:
(Name of Contact Person)	at (407) 232 - 4188 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$\$\$\$\$ \$\square\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



### FILED 2014 MAY 19 PM 4: 44

## FLORIDA DEPARTMENT OF STATEALL AHASSEE. FLORIDA 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 compar	ny as it appears on the records of the Florida Department
of State is:	3 STORES	LLC .
2. The Florida docu	ıment/registration numb	per assigned to this limited liability company is:
10801	000 46 389	<del></del>
3. The date this me	mber/manager withdrew	v/resigned or will withdraw/resign is:
		, hereby withdraw/resign as a
Mo	anacer (Print Title)	<del></del> ·
of this limited lial resignation in wri		m the limited liability company has been notified of my
/	Indy A Lai	
Signature of D	ssociating Member or R	Lesigning Manager
	\$25.00 (Required) \$30.00 (Optional)	
cermieu copy.	poolog (Optional)	