

LD8000054217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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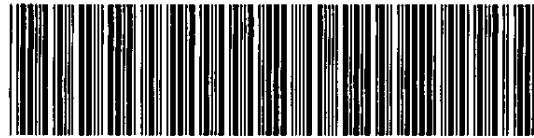
(Business Entity Name)

(Document Number)

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FILED
2010 MAY -3 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 4 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOLLAR ZONE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 08000054217

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAZAL MUNEEB

Name of Person

DOLLAR ZONE LLC

Name of Firm/Company

394 ORTIZ AVE

Address

FT. MYERS FL 33905

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAZAL MUNEEB

Name of Person

at (239) 872-7712

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

RAZAL MUNEEER

Name of Registered Agent

, hereby resigns as

Registered Agent for DOLLAR ZONE LLC

Name of Limited Liability Company

L 08000054217

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

/

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

FILED
2010 MAY -3 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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