

1008000090723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

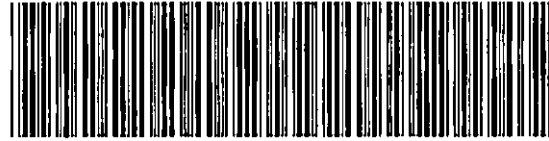
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DIVISION OF CORPORATIONS
13 NOV 19 PM 2:04

disc of member

DEC 16 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISCOUNT SOURCE 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:

LAURENT COHEN

(Contact Person)

DISCOUNT SOURCE LLC

(Firm/Company)

4790 N POWERLINE RD

(Address)

POMPANO BEACH, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURENT COHEN

at (888) 425-1206

(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

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 NOV 19 PM 2:04



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
19 NOV 19 PM 2:06

**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: DISCOUNTSOURCE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L008000090723

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 1, 2019

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

MANAGER

(Print Title)

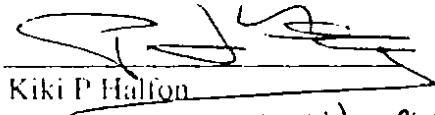
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

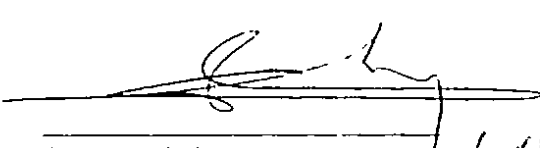
MEMBER WITHDRAWAL

I, Kiki Patrick Halfon wish to withdraw as a member of Discount Source LLC effective June 1st 2019 pursuant to section 7 of the regulations.

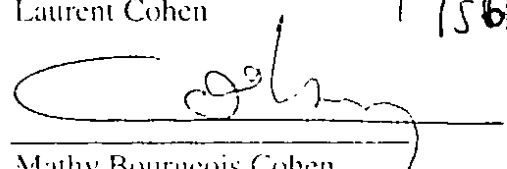

Kiki P Halfon

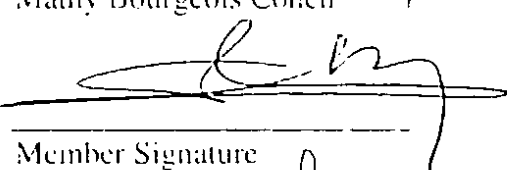
(561) 929-1437

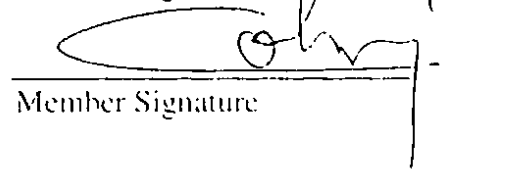
REMAINING MEMBERS APPROVAL


Laurent Cohen

(561) 845-1597


Mathy Bourgeois Cohen


Member Signature


Member Signature

Member Signature