## L10000007369

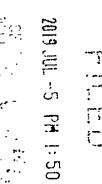
(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
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Y SULKER
JUL 1 7 2013

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	JECT: F1RSTSHOP, LLC	in a Calabilian Campa	
	(Name of Lim	ited Liability Com	ipany)
The c	nclosed member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
MAR	RK A. GAMEZ		
	(Contact Person)		-
	(Firm/Company)	<del></del>	-
2642	COLLINS AVENUE, UNIT 210		
	(Address)		-
MIAN	MI BEACH, FL 33140		
	(City/State and Zip Code)		•
For fi	arther information concerning this matte	er, please call:	
MAF	RK A. GAMEZ	305	4963062
	(Name of Contact Person)	_ \	& Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee		epartment of State for: Fee & Certified Copy
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:
-	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE 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 of State is: F1R	•	oany as it appea	ers on the records of the	Florida Department
	ment/registration nur	mber assigned t	o this limited liability co	ompany is:
4. I. MARK A. GA	•	, he	will withdraw/resign is: ereby withdraw/resign as	
MANAGING I		·		·
resignation in wr	iting.		d liability company has b	ocen notified of my
Signature of Di Filing Fee:	ssociating Member of		nager	
Certified Copy:	\$30.00 (Required)	•		