

L13000133009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

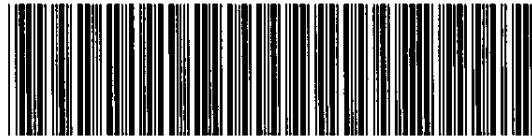
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*member/resignation/dissociation*

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DO - A - DOLLAR LLC  
(Name of Corporation)

DOCUMENT NUMBER: L13000133009

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALARIE HUBBARD  
(Name of Person)

DO - A - DOLLAR LLC  
(Name of Firm/Company)

1873 N. Pine Island RD  
(Address)

Plantation FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valarie Hubbard at (954) 465-4566  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301



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 limited liability company as it appears on the records of the Florida Department of State is: DO - A - DOLLAR LLC

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

L13000133009

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/19/14

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

President/Manager  
(Print Title)

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

Valarie Hubbard

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA