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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e#) .
PICK-UP	☐ WAIT	MAIL
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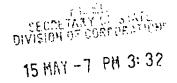
C. 5/3/5

COVER LETTER

TO: Registration Section Division of Corporation	ons	
THE CLOSEO SUBJECT:	UT STORE, LLC	
	(Name of Limited Liability C	ompany)
The enclosed member, resigna	ation or dissociation and fee	(s) are submitted for filing.
Please return all corresponder	ce concerning this matter to):
ROBERT BROWN		
(Contact	Person)	
(Firm/Co	npany)	
6555 GARDEN ROAD, ST	E. 17	
(Addre	55)	
RIVIERA BEACH, FL 3340	4	
(City/State an	d Zip Code)	
For further information conce	rning this matter, please call	1:
ROBERT BROWN	561	557-1006
(Name of Contact Pe	rson) (Area Coo	de & Daytime Telephone Number)
Enclosed please find a check in \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDR	ESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

	limited liability company as it appears on the records of the Florida Department CLOSEOUT STORE, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager) withdrew/resigned or will withdraw/resign is: 4-12-15
4. I, ROBERT BR	
	ame of Person Resigning)
MGR	
·	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Relt n	r b
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)