

L14000169485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

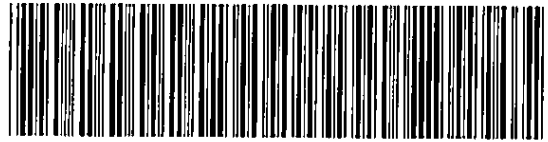
(Business Entity Name)

(Document Number)

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2023 MAR 15 PM 12:01
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Deal Agency, 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:

Glen B. Fields
(Contact Person)

Big Deal Agency, LLC
(Firm/Company)

5079 N Dixie Hwy 147
(Address)

PLA
Oakland Park, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

Glen B. Fields 301 466-0504
(Name of Contact Person) at (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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

5079 N. D.
CRD1079 (2/14)
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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: Big Deal Agency, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000169485

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/11/2023

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

CEO
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
2023 MAR 15 PM 12:01
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL