L15000 [9229]

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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ALL ANALYSI OF SHALL OF

COVER LETTER

TO:	Registration Section Division of Corporations		
SURI	Dollar Tee Club, LLC		
SUM		mited Liability Co	mpany)
The e	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Ross	s Carrel		
	(Contact Person)		- -
Dolla	ar Tee Club, LLC		
	(Firm/Company)		_
1290	94 DuPont Cir		
	(Address)		_
Tamı	pa, FL 33626		
	(City/State and Zip Code)	··· <u>·····························</u>	 -
For fu	urther information concerning this mat	tter, please call:	
Ross	s Carrel	727 at (580-6004
······	(Name of Contact Person)		e & Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		

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	limited liability company a	is it appears on the re	ecords of the Flo	orida Depa	urtment
of State is: Dolla	r Tee Club, LLC				 ,
2. The Florida docu L15000192297	ment/registration number a	assigned to this limit	ed liability com	npany is:	
3. The date this me	mber/manager withdrew/re	signed or will withd	6 raw/resign is:	5/6/16	
	1 Tay (61 ame of Person Resigning)				
<u>Owner</u>	(Print Title)				
of this limited lial resignation in wri	oility company and affirm t ting.	he limited liability o	ompany has bee	en notified	of my
Signature of Di	ssociating Member or Resi	gning Manager	_		9 1
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			STAIL	FI (2)