

L16000000217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 25 2016

SHARREN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASH & CARRY MART LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000000217

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAHMOUD M ELMANDOUH

\_\_\_\_\_  
Name of Person

CASH & CARRY MART LLC

\_\_\_\_\_  
Name of Firm/Company

24408 STATE ROAD 54

\_\_\_\_\_  
Address

LUTZ, FL 33559

\_\_\_\_\_  
City/State and Zip Code

CASHANDCARRYMART@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAHMOUD ELMANDOUH

\_\_\_\_\_  
Name of Person

at ( 813 ) 6189166

\_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**MAHMOUD M ELMANDOUH**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **CASH & CARRY MART LLC,**

\_\_\_\_\_  
Name of Limited Liability Company

**L16000000217**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**N/A**

\_\_\_\_\_  
Typed or Printed Name

**N/A**

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

2018 MAY 23 A 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**