

L16000047592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 13 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIERS 4 LESS 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:

DKEIDEK Mohamad  
(Contact Person)

TIERS 4 Less LLC  
(Firm/Company)

4850 E. Busch Blvd #E3  
(Address)

Tampa FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bassem Matoubsi at ( 813 ) 447 8262  
(Name of Contact Person) (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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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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: TIERS 4 Less, LLC

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

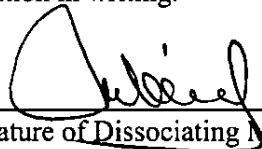
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-7-2016

4. I, DKEIDEK Mohamad, hereby withdraw/resign as  
(Print Name of Person Resigning)

AMBR  
(Print Title)

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

 4-7-2016  
Signature of Dissociating Member or Resigning Manager

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

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