

116000047592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

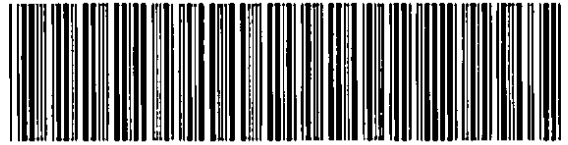
(Business Entity Name)

(Document Number)

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AUG 01 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

# 85

SUBJECT: Tiers 4 Less LLC.  
Name of Limited Liability Company

DOCUMENT NUMBER: 116000047592

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:

Bassem Matouksi  
Name of Person

Tiers 4 Less  
Name of Firm/Company

8012 Fawnridge Circle  
Address

Tampa, FL 33610  
City/State and Zip Code

bassem.matouksi@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bassem Matouksi at (813) 447-8262  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Bassem MATOUBSI, hereby resigns as  
Name of Registered Agent

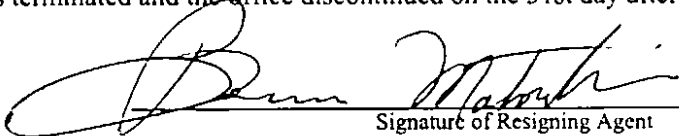
Registered Agent for TIERS 4 LESS, LLC

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

L16000047592  
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:

Bassem Matoubi  
Typed or Printed Name

\_\_\_\_\_  
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

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