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Certified Copies	tified Copies Certificates of Status		
			
Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>SUZIE TRAN ANTIQUES</u> (Name of Limited Liabil	AND COLLECTIBIES, U.C., lity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to:
MYHANH LOUDEN	
(Contact Person)	
SUZIE TRAN ANTIGUES AND COLLECTION (Firm/Company)	TIBLES, LLC.
500 S FEDERAL HWY, #1641	SECRETARY OF STATE OF
(Address)	
HALLANDALE, FL 33008	-3 A
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
MYHANH LOUDEN 3055	5150135
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floral \$25 Filing Fee \$55	orida Department of State for: 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

CR2E079 (2/14)



October 25, 2021

MYHANH LOUDEN 500 S. FEDERAL HWY # 1641 HALLANDALE, FL 33008

SUBJECT: SUZIÉ TRAN ANTIQUES AND COLLECTIBLES, LLC

Ref. Number: L17000030374

We have received your document for SUZIE TRAN ANTIQUES AND COLLECTIBLES, LLC and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2018 annual report. The entity must be reinstated before this document can be filed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00025885

Alecia Rivers Regulatory Specialist II

www.sunbiz.org



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 Fl	londa Depan	tment	
of State is: <u>50</u>	ZIE TRAN ANTIQUE	5 AND	COLLECTIBLES	5, UC	 .	
2. The Florida doc	ument/registration number as	signed to t	nis limited liability con	npany is:		
1170000	130374	 ,		60 60	20	
3. The date this me	ember/manager withdrew/resi	gned or wi	Il withdraw/resign is: _	9/1/202	- Adn 12	Carriera Carriera Anticia
(Print N	Name of Person Resigning)		y withdrawnesign as t	" AS	ယ	ं इसका
AUTHORIZED F	REPRESENTATIVE (Print Title)	RP		 	A	
				23	AH 9: 2:	, Citaly,
of this limited lia resignation in wr	bility company and affirm the	e limited li	ability company has be	en notified o	of my	
A.L.	hlile					
Signature of D	issociating Member or Resign	ning Mana	ger			
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					