1180000 36769

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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2021 SEP 17 PH 3: 39



COVER LETTER

TO: Regis	stration Section			
Divis	sion of Corporations			
SUBJECT:	Brands For Less LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:		
Chaim Askena	2 i			
	(Contact Person)			
Brands For Le	ss LLC			
	(Firm/Company)			
20423 State ro	ad 7, STE F6400			
-	(Address)			
Boca Raton, Fl	L 33498			
	(City/State and Zip Code)			
For further in	nformation concerning this	natter, please call:		
Chaim Askena	zi	561-599-862 at ()		
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed ple	ase find a check made paya	ole to the Florida Department of State for:		
■ \$25 Eiling	g Fee	AA S55 Filing Fee & Certified Copy		
	ng Address:	Street Address:		
	stration Section	Registration Section		
	sion of Corporations	Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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	c limited liability company as	it appears on the records of th	e Florida Depar	tment
of State is:BR.	ANDS FOR LESS LLC			·
2. The Florida doc	ument/registration number as	signed to this limited liability	company is	
60-8017763062-6		·	SEP	E E
3. The date this me		igned or will withdraw/resign i	777	
4. I, Avi Askenazi		, hereby withdraw/resign	H 3: 39 F STATE EE, FL	U
(Print 1	lame of Person Resigning)	-	근목 3	
Member / Agent			m u	
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has	been notified o	f my
	1/2			
Signature of D	issociating Member or Resign	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			