

LIB0000089580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

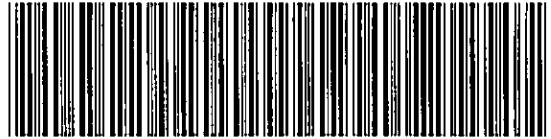
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUL 11 AM 8:23

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JUL 11 2018

N. CAUSSEAU

JUL 23 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ST Food Mart LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/~~Registered Office~~ Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gomon Joseph  
Name of Person

Firm/Company

11721 McMullen Loop  
Address

River View FL 33569  
City/State and Zip Code

jopally2000@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gomon Joseph at ( 954 ) 401 96 88  
Name of Person Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**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: ST Food Mart LLC

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

L18000089580

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/21/2018

4. 1. SUNIL JOHN, hereby withdraw/resign as a  
(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.

[Signature] 6-21-2018  
Signature of Dissociating Member or Resigning Manager

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