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(Requestor's Name)					
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DISSIMISION

COVER LETTER

TO: Reg	istration Section		
Divi	ision of Corporations		
SUBJECT:	CASH DEALS 247 LLC		
		Limited Liability Cor	mpany)
The enclose	ed member, resignation or disc	sociation and fee(s	s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to:	
MARTINE J.	MILLER		
	(Contact Person)		_
CASH DEAL	S 247 LLC		
•	(Firm/Company)		_
20260 NE 3R	D CT - UNIT 6		
• • •	(Address)		_
MIAMI, FL 3	3179		
	(City/State and Zip Code)		_
For further	information concerning this r	natter, please call:	
MARTINE J	MILLER	754 at (368-4921
(1	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl	ease find a check made payab ng Fee		Department of State for: g Fee & Certified Copy
	ing Address: istration Section		Street Address: Registration Section
Div	ision of Corporations		Division of Corporations
	. Box 6327 ahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	, –		Tallahassee, FL 32303



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 of State is: CASH DEALS 247 LLC	Florida Department
2. The Florida document/registration number assigned to this limited liability of L19000171002	company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is	06/16/2020 s:
4. I, TIANA C. MILLER , hereby withdraw/resign a (Print Name of Person Resigning)	as a
MANAGER	
(Print Title) of this limited liability company and affirm the limited liability company has resignation in writing. Lune M.	been notified of my
Signature of Dissociating Member or Resigning Manager	2020 JU

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: