

L19 CCO259258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

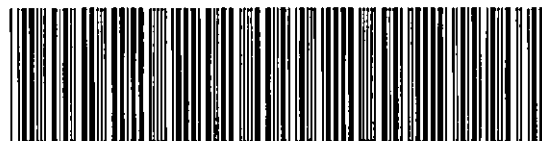
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SECRETARY OF STATE
PAID

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4salecontainers.com LLC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James P. Martin

(Contact Person)

4salecontainers.com LLC.

(Firm/Company)

222 Oleander Ct.

(Address)

Panama City Beach, FL 32413

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Martin 870 974-0414

(Name of Contact Person) at () (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee ☐ \$55 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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Florida Department of State is: 4salecontainers.com LLC

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

PANAMA CITY BEACH, FL 32413 W9000259258

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/19/2021

4. I, Nathan A. Riopelle, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member/Manager CFO

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

10/21/2021

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)