

L20 000102855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700343845067

05/01/20--01014--009 ♦♦25.00

2020 MAY - 1 AM 8:08

FILED  
MAY 1 2020  
FBI - TAMPA

AM  
5/19/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAVOR FACTOR 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:

Sidony Malcolm

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

246 SE LAKEHURST DR PORT ST LUCIE, FL 34983

\_\_\_\_\_  
(Address)

PORT ST LUCIE, FL 34983

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sidony Malcolm

\_\_\_\_\_  
(Name of Contact Person)

at ( 561 ) 577-8738  
\_\_\_\_\_  
(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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2020 MAY -1 AM 8:08



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: FAVOR FACTOR LLC
2. The Florida document/registration number assigned to this limited liability company is: L20000102855
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/27/2020
4. I, MALCOLM-DOMINIQUE, D'MARIO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AP  
*(Print Title)*

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

*DMario Malcol Dominique*  
Signature of Dissociating Member or Resigning Manager

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