## L20 000 133580

(Requestor's Name)	
(Address)	
(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:	
Capacital managements	
	İ

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA DEAL (Name of Limite	S ON WHEELS LLC
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to
GORDON AGENOR (Contact Person)	
FLORIDA DEALS ON WHO	EELS LL
1729 HAWKINS COVE DI	2 W
JACKSON VILLE, FL 322 (City/State and Zip Code)	46
For further information concerning this matter	, please call:
GORDON AGENOR (Name of Contact Person)	at ( <u>904</u> ) <u>424</u> 3053 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to  \$25 Filing Fee	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

L. The name of the	imited liability	company as it a	ppears or	the records of the	e Florida Department
of State is: <u>FL</u>	ORIDA	DEALS	ON	WHEELS	<u> </u>
2. The Florida docu	ment/registratio	n number assigi	ned to thi	s limited liability	company is:
L20000	133580		*		
3. The date this mer	nber/manager w	rithdrew/resigne	d or will	withdraw/resign i	s: 02-03-21
4. 1. <u>GORDOR</u> (Print No.	V AGEN me of Person Resig	OL ming)	_, hereby	withdraw/resign	as a
AME		·			
	ility company a	nd affirm the lir	nited liab	oility company has	s been notified of my
an	Ar				
Signature of Dis	sociating Memb	er or Resigning	Manage	r	
Filing Fee:	\$25.00 (Requ	iired)			
Certified Copy.	= \$30.00 (Optic	onal)			