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D. BRUCE AUG 23 2020

COVER LETTER

TO: Registration Section		
- Division of Corporations		
North Florida Liquidation LLC SUBJECT:		
(Name of Limited Liability Con	npany)	
The enclosed member, resignation or dissociation and fee(s	are submitted for filing	g .
Please return all correspondence concerning this matter to:		
Robin Rukab Azzam		
(Contact Person)	_	
North Florida Liquidation LLC		
(Firm/Company)	-	
4045 Post Street		
(Address)	-	
Jacksonville, Florida		
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		2020 JUL SECRETALLA
Robin Rukab Azzam 904	881-4599 _)	
(Name of Contact Person) (Area Code	& Daytime Telephone Nu	umber) 😕
Enclosed please find a check made payable to the Florida D	Department of State for:	留印 き 通
•	g Fee & Certified Copy	7: 55 7: 55 E. F.L.

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

CR2E079 (2/14)



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)

	limited liability company Florida Liquidation LLC		ds of the Florida Department	
2. The Florida doct	ument/registration number	assigned to this limited l	iability company is:	
3. The date this me	mber/manager withdrew/r	esigned or will withdraw	/resign is:	
Jerry Bass 4. I,		, hereby withdraw/resign as a		
(Print N	lame of Person Resigning)			
Manager				
	(Print Title)			
of this limited lia resignation in wr		the limited liability comp	pany has been notified of my	
	U. Bass	X		
Signature/of Di	ssociating Member or Res	signing Manager		
Filing Fee:	\$25.00 (Required)			
	\$30.00 (Optional)		2020 SECRI	