

L20000163300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

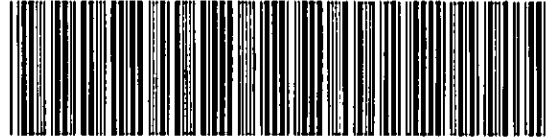
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700354371397

11/02/20--01020--024 **25.00

FILED
2020 NOV -2 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL

12/14/20

A handwritten signature or initials in black ink.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deal of Goods 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:

Edwina Dieguste
(Contact Person)

Deal of Goods LLC
(Firm/Company)

706 7th way
(Address)

West Palm Beach/FL 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

Edwina Dieguste at (561) 412-9360
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2020 NOV -2 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL

**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: Deal of Goods LLC

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

L20000163300

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/28/2020

4. I. Fresqueley Canel 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.

[Signature]
Signature of Dissociating Member or Resigning Manager

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