K21000035442

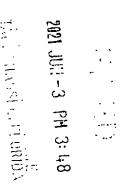
(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Г					
Special Instructions to Filing Officer:					

Office Use Only



400366444964

06/03/21--01012--015 **25.00



COVER LETTER

پر ت	tion Section		y .
Division	of Corporations		·
PU SUBJECT:	RE VENDING		
	(Name of	Limited Liability Cor	npany)
The enclosed m	ember, resignation or diss	sociation and fee(s	s) are submitted for filing.
Please return all	correspondence concerni	ing this matter to:	
JENNIFER CAST	ANEDA		
	(Contact Person)		_
PURE VENDING	LLC		
	(Firm/Company)		_
9524 NW 33RD P	l.		
	(Address)		_
SUNRISE FL 333	51		
	(City/State and Zip Code)		_
For further info	rmation concerning this n	natter, please call:	
JENNIFER CAST	ANEDA	954 at (812-1231
(Nam	e of Contact Person)		& Daytime Telephone Number)
Enclosed please	e find a check made payab	ole to the Florida I	Department of State for:
\$25 Filing F	• •		g Fee & Certified Copy
<u>Mailing /</u> Registra	Address: ation Section		Street Address: Registration Section
	n of Corporations		Division of Corporations
P.O. Bo			The Centre of Tallahassee
Tallahas	ssee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



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)

The name of the limited liability company as it of State is: PURE VENDING LLC	appears on the records of the Florida Department
2. The Florida document/registration number assi L21000035442	gned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I. CHRISTOPHER J HORNE (Print Name of Person Resigning) MGR	hereby withdraw/resign as a
(Print Title) of this limited liability company and affirm the resignation in writing.	imited liability company has been notified of my
Signature of Dissociating Member or Resigning	ng Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)