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COVER LETTER

Division of Corporations BIG RED CONVENIENCE STORE, LLC SUBJECT: (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: MYCOSE LAURENT (Contact Person) BIG RED CONVENIENCE STORE, LLC (Firm/Company) 61 SW 6TH STREET (Address) POMPANO BEACH, FL 33060 (City/State and Zip Code) For further information concerning this matter, please call: MYCOSE LAURENT at (______) (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

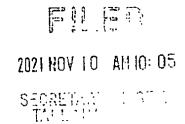
Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section





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 as it appears on the records of the Florida Department RED CONVENIENCE STORE, LLC
2. The Florida docu L21000462287	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, RONALD THE	
MGR	
	(Print Title)
resignation in wr	ssociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Optional)