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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILING OFFICE

2021 NOV 10 AM 10:05

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIG RED CONVENIENCE STORE, 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:

MYCOSE LAURENT  
\_\_\_\_\_  
(Contact Person)

BIG RED CONVENIENCE STORE, LLC  
(Firm/Company)

61 SW 6TH STREET  
\_\_\_\_\_  
(Address)

POMPANO BEACH, FL 33060

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(City/State and Zip Code)

For further information concerning this matter, please call:

MYCOSE LAURENT 954 479- 0814  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 (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

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SECRETARY OF STATE  
TALLAHASSEE

**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: BIG RED CONVENIENCE STORE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000462287

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/29/2021

4. I, RONALD THEODORE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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