

L22000299302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

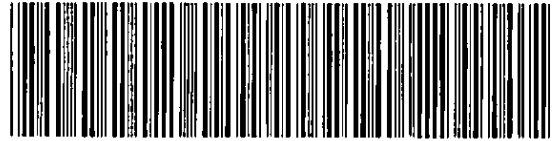
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2024 AUG 19 PM 4:16  
CLERK OF COURT  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPER STATION 6, LLC, a Florida limited liability company  
(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:

C. Jeffrey McInnis, Esq.

\_\_\_\_\_  
(Contact Person)

ANCHORS SMITH GRIMSLEY, PLC

\_\_\_\_\_  
(Firm/Company)

909 Mar Walt Drive, Suite 1014

\_\_\_\_\_  
(Address)

Fort Walton Beach, Florida 32547

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

C. Jeffrey, Esq.

850 362-7220  
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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

FILED  
2024 AUG 19 PM 4:16  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUPER STATION 6, LLC, a Florida limited liability company.
2. The Florida document/registration number assigned to this limited liability company is:  
L22000299302.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 7, 2024
4. I, Binoy Chaudhari, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Authorized Member  
(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)