

U23000239126

(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:

J DENNIS

AUG - 4 2023

Office Use Only



000409729370

06/05/23--010--010 \*\*/5/23

2023 JUN - 5 AM 8:10

OFFICE OF THE CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RIGHT ROUTE A-Z, 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:

JONATHAN DOUGLAS  
\_\_\_\_\_  
(Contact Person)

RIGHT ROUTE A-Z, LLC  
\_\_\_\_\_  
(Firm/Company)

2630 W BROWARD BLVD, STE 203  
\_\_\_\_\_  
(Address)

FT LAUDERDALE, FL 33312  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHANEL DOUGLAS at (954) 701-9130  
\_\_\_\_\_  
(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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RIGHT ROUTE A-Z, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000259126

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/1/2023

4. I, CHANEL DOUGLAS, 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.

Chanel M. Douglas  
Signature of Dissociating Member or Resigning Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 JUN -5 AM 8:10