## L23000484201

(Requestor's Name)				
(Address)				
(Audiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WA	IT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certi	ficates of Status			
Special Instructions to Filing Officer:				
J.				
DEC	2 1 o 2023			

Office Use Only



11/29/28--01005--021 \*\*110.00

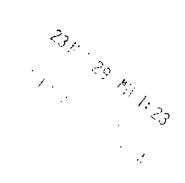


## **COVER LETTER**

	gistration Section vision of Corporations		
Di	ision of Corporations		
SUBJECT	Pride-Moore Liquor LLC		
	(Name of Limi	ted Liability Cor	mpanyj
The enclos	ed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please retu	rn all correspondence concerning t	this matter to:	
Sandra K Pr	demore		
	(Contact Person)		_
Sandra K Pr	demore CPA PA		
	(Firm/Company)	**************************************	<del></del>
209 Nassau	St S Ste 104		
	(Address)		_
Venice FL 3	4285		
	(City/State and Zip Code)		_
For further	information concerning this matte	r, please call:	
Sandra K Pr	demore	94] at (	488-5110
(	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed p  ☐ \$25 Fili	lease find a check made payable to ng Fee		Department of State for: g Fee & Certified Copy
Reg Div P.C	ling Address: tistration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





## 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  Moore Liquor ELC	appears on the records of the Florida Department
2. The Florida docu L23000484201	ment/registration number assig	gned to this limited liability company is:
3. The date this men	mber/manager withdrew/resign	ed or will withdraw/resign is:
T 1 D.: 1		, hereby withdraw/resign as a
AMBR	, 5 5	
	(Print Title)	
of this limited liab resignation in wri		imited liability company has been notified of my
Signature of Di	ssociating Member or Resignir	ng Manager
Ü	<u>-</u>	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	