

L24000174594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

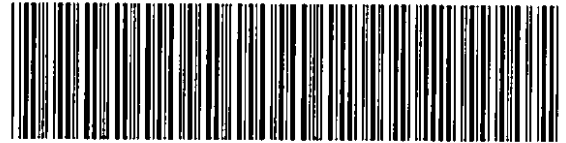
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FL

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2024 MAY 24 PM 3:51

TALLAHASSEE, FLORIDA

Dissociation

MAY 28 2024

D CUSHING

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$25.00

Authorization Signature: 

Business Name: **MEMORIAL PIZZA LLC**

Document # **L24000174594**

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☒ **Resignation / Dissociation**

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

☐ Country(s)

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEMORIAL PIZZA 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:

PARVEZ SHARIFIPOUR

(Contact Person)

MEMORIAL PIZZA LLC

(Firm/Company)

3406 W EL PRADO BLVD

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

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2024 MAY 24 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Parvez Sharifipour

(Name of Contact Person)

at (518) 378-6959

(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: MEMORIAL PIZZA LLC

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

L24000174594

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 12, 2024

4. I, MASOOD SHARIFIPOUR, hereby withdraw/resign as a

(Print Name of Person Resigning)

AMBR

(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)