PPP 245000762949

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

GRAB EAT & GO XPRESS II LLC SUBJECT:		
(Name of Limited Liability (Company)	
The enclosed member, resignation or dissociation and fe	e(s) are submitted	for filing.
Please return all correspondence concerning this matter t	0:	
Mohammed J Almassri		
(Contact Person)		
GRAB EAT & GO XPRESS II LLC		
(Firm/Company)		
10361 NW 10th street		
(Address)		
Miami, FL 33172		
(City/State and Zip Code)		
For further information concerning this matter, please ca	H:	2024 AUS 31-0 ₀₀₅ 0
Mohammed J Almassri 407	4561589	(A) 37 1
	de & Daytime Telep	hone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of Standing Fee & Certified	ate for:

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 th	e limited liability company as it app	pears on the records of the Flo	rida Department
	B EAT & GO XPRESS II LLC		
2. The Florida doo	cument/registration number assigne	d to this limited liability comp	oany is:
3. The date this m	ember/manager withdrew/resigned	or will withdraw/resign is:	/02/2024
Mohammed L	Almassri	_) 1)2) 1 E C
4. I,	Name of Person Resigning)	hereby withdraw/resign as a	DZN AUG
MGR	same of your realigning)		
	(Print Title)		. R
of this limited lia resignation in w	ibility company and affirm the limiting.	ted liability company has beer	notified of my
Signature of D	issociating Member or Resigning N	1anager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Ontional)		