# M0600000 4783

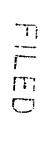
<del></del>	(Requestor's Name)	
<del> </del>	(Address)	
-	(Address)	
	(City/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
	(Business Entity Name)	<del></del>
	(Document Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
		l

Office Use Only



500417581735

1023 OCT 25 AM 10: 11





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 068576 8323810						
AUTHORIZATION:						
COST LIMIT : \$ 85-00 25.00						
ORDER DATE : October 16, 2023						
ORDER TIME : 1:57 PM						
ORDER NO. : 068576-300						
CUSTOMER NO: 8323810						
CHANGE OF AGENT						
NAME: DOLLAR PLUS STORES INTERNATIONAL LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						
EYAMINED.						

### **COVER LETTER**

Dollar Plus Stores International LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: M06000004783 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT at ( Area Code ) Daytime Telephone Number Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### 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

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5. Florida Statutes, the und	lersigned,			
CORPORATION SERVICE COMPANY hereby		hereby resigns as	resigns as			
	Name of Registered Age					
Registered Agent for D	ollar Plus Stores Intern	national LLC		<u> </u>		_
	Name of Lir	nited Liability Company	_			<u>-</u> ,
M06000004783						
- Document Nu	ımber, if known-		-			
A copy of this resignation	on was mailed to the	above listed limited liabilit	y company at its last	known a	address.	
The agency is terminate	^	Ontinued on the 31st day aft  White President  Signature of Resigning Agent		this state	ement i	s filed.
If signing on behalf of a	n entity:					
	BY EYLIENA BAK	ER				
		Typed or Printed Name		$\Lambda$	20	
	VICE PRESIDENT			[ <del>,</del>	23	
		Capacity		FĂĔĹAĦÁSSE	2023 OCT 25	<u>r</u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	company ved/ voluntarily diss lity company	.a. Lu≧	AM 10: 16	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314