L04000029367

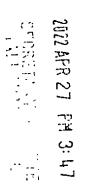
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Elitty Name)
(Document Number)
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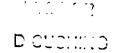


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neitoissaca



COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Lab Properties, LLC			
(Name of Limited Liability Co	ompany)		
The enclosed member, resignation or dissociation and fee((s) are submitted for filing.		
Please return all correspondence concerning this matter to	:		
Aisha Khan			
(Contact Person)	_		
Clear Title & Escrow Group			
(Firm/Company)			
2200 N Commerce Parkway # 200			
(Address)		23	
Weston, Florida 33326		2022 AFR	
(City/State and Zip Code)	<u> </u>	R 27	
For further information concerning this matter, please call:	221		
Aisha Khan 954	839-9592	ن ت	
	& Daytime Telephone Number)	F	
Enclosed please find a check made payable to the Florida I	Department of State for:		
	g Fee & Certified Copy		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	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 appears on the records of the Flori	da Departm	ent
2. The Florida doc L04000029367	ument/registration number as	ssigned to this limited liability compa	ny is:	
Michael Owen A	shlev	igned or will withdraw/resign is:, hereby withdraw/resign as a	8/2008 25	2022 APR 27
	(Print Title)			- P
resignation in wr	iting.	e limited liability company has been 1	notified of r ਨਾਂ	n <u>v</u>
Signature of D	ssociating Member or Resign	ning Manager		
	\$25.00 (Required) \$30.00 (Optional)			