

L11000099651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

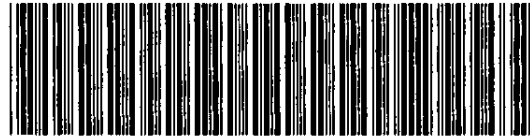
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 18 PM 12: 54

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AND  
FILED

D. BRUCE

OCT 19 2012

EXAMINER

10/14/12

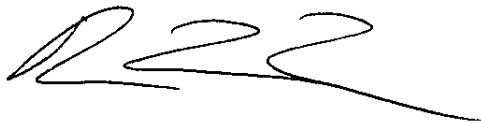
To: Division of Corporations  
From: Robin Mannes  
Re: Resignation from Fabtech, LLC

Dear Sir or Madam:

Please return both copies with date stamp and acknowledgement letter.

Any questions, please call Robin Mannes at 561-826-8489.

Thank you,



Robin Mannes

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FABTECH LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBIN MANNES  
(Contact Person)

FABTECH LLC  
(Firm/Company)

8237 VIA BELLA  
(Address)

BOCA RATON, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN MANNES at ( 561 ) 826-8489  
(Name of Contact Person) (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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FABTECH LLC

2. This limited liability company was organized under the laws of:

STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:

L11000099651

4. I, ROBIN MANES, hereby resign as a MGR  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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TALLAHASSEE, FLORIDA

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AND  
FILED

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)