## L14000017973

. (Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ABACO BUSINESS LLC	
	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
SANCHEZ, BRYAN S	
(Contact Person)	
ABACO BUSINESS LLC	,
(Firm/Company)	
5172 SW 173 AVE	
(Address)	
MIRAMAR, FL 33029	
(City/State and Zip Code)	<del></del>
For further information concerning this matte	r, please call:
SANCHEZ, BRYAN S	954 759 - 1871
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$\\$55 \text{ 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

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 Florida Department ACO BUSINESS LLC
2. The Florida doc L1400001797	ument/registration number assigned to this limited liability company is:
4. I, PENAGOS,	ember/manager withdrew/resigned or will withdraw/resign is:  STELLA
MANAGING	MEMBER (MGR) (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.  Downers
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)