M12000000416

(Fi	Requestor's Name)		
(A	Address)		
(A)	Address)		
(C	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(E	Business Entity Name)		
(C	Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE		
	APR - 5 2022		

Office Use Only



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03/21/22--01017--028 **25.00



COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: AS	SB, LLC	n Limited Liability Co	empany)
Dear Sir or Madam:			
The enclosed withdraw	al and fee(s) are submitted for	or filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
Cryst	Name of Persons	ker	
ASSB	(Firm Company)		
_2110_E	Eagle Cree	=k lane#	150
woodb	Gry State and Cip Code	5129	
For further informatic	on concerning this matter, plo	ease call:	
Marilyn	Appeldoor	1 (45) (Area Code &	Daytime Telephone Number)
P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
125 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy



ASS B, LLC (Name of limited liability company)
State of Minnesota (Junisdiction of its organization)
OI 28 12012 (Date registered with Florida Department of State)
M 1 2 00000 414 (Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: \(\frac{1/28/3022}{2022} \) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
March Appolatorial (Signature of authorized representative)
Marilyn Appeldoorn

Filing Fee: \$25.00