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DIVISIN OF CORPORATIONS

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. COVER LETTER

_	stration Section ion of Corporations		े हीं -	<u> </u>
SUBJECT:	Abeles & Karle, P	LLC :	1271	
,	2253871	(Name of Limite	ed Liability C	Company)
The enclosed	l member, resignatio	n or dissociat	tion and fee	e(s) are submitted for filing.
Please return	all correspondence	concerning th	nis matter t	0:
Philip S. Ka	arle	•••	;	÷
	(Contact Perso	(St.)	. 15	-
Abeles & K	arle, PLLC	graph of Grad		;
	(Firm/Compar	ıy)		
5 W HIGHE	BANKS RD	•		•
<u> </u>	(Address)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
DEBÂRY F	L 32713-2863	· · · · · · · · · · · · · · · · · · ·	; H	
इस्टाइ स्ट्राइ	(City State and El	p Code)	;	
For further in	formation concerning	ng this matter	, please cal	1
Philip S. Ka	arle	i dividi si	386	668-8511
(N	ame of Contact Person	1)	(Area Co	de & Daytime Telephone Numbe
Enclosed ple \$25 Filing		le payable to	,	Department of State for: ng Fee & Certified Copy
STREET/CORegistration	OURIER ADDRES Section	S:		MAILING ADDRESS: Registration Section
Division of C Clifton Build	Corporations	ere Der	1 1	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee,	Florida 32301		* 1 *,	
CR2E079 (2/14)	27 - 12. U.S.		114	
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

MISSOCIATION OR MESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		•					
	limited liability company	as it appe	ars on the	records of the	Florida Department		
of State is: Abe	les & Karle, LLC						
2. The Florida docu L040009381	ument/registration number	r assigned	te this lim	ited liability co	ompany is:		
3. The date this me	mber/manager withdrew/	resigned o	r will with	draw/resign is:	01/01/2015		
4. I, David E. Abe	eles		, hereby withdraw/resign as a				
(Print N Managing Me	ame of Person Resigning) mber		·				
	(Print Title)	-• 1 /1	r				
of this limited lia resignation in wr	bility company and affirm iting.	the limite	d liability	company has b	peen notified of my		
Signature of Di	ssociating Member or Re	signing M	anager	_			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	* . ***	:				
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