## L05000 117164

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
	_	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	rilling Onicel.	





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## COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: A+B Ventures LLC (Name of Limited Liability Company)	· )
The enclosed member, resignation or dissociation and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter to:	
Marcie L Baker (Contact Person)	
A+B Ventures LLC (Firm/Company)	
5518 74 St (Address)	
Zephyrhill FC 33542 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Marcie L Balle at (813) (Name of Contact Person) (Area Code & D	929 1900 aytime Telephone Number)
Enclosed please find a check made payable to the Florida Depar \$25 Filing Fee \$55 Filing Fee	tment of State for: & Certified Copy
Registration Section Reg Division of Corporations Div Clifton Building P.O	ision of Corporations Box 6327 lahassee, Florida 32314



## 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	++B Ventures, LLC
	ument/registration number assigned to this limited liability company is:
L Ø 5 8	8 pp 117 164
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{12/31}{2015}$
4.1, Robert	dame of Person Resigning), hereby withdraw/resign as a
_ MG	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	
Certified Conv.	\$30.00 (Ontional)