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| (Requestor's Name) | |
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| | |
| (Address) | |
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| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| (bootment Hamber) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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DIVISION OF CORPORATIONS
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COVER LETTER

| TO: | - | | |
|--------|--|----------------------|---|
| | Division of Corporations | | |
| SUBJ | Fabian Investments, LLC | | |
| | (Name of | Limited Liability Co | mpany) |
| The er | nclosed member, resignation or dis | sociation and fee(| s) are submitted for filing. |
| Please | return all correspondence concern | ing this matter to: | |
| Rafae | el Fabian, Esq. | | |
| | (Contact Person) | | _ |
| Rafae | el Fabian, P.A. | | |
| | (Firm/Company) | | _ |
| 1063 | 1 N Kendall Drive, Suite 145 | | |
| | (Address) | | _ |
| Miam | ni, FL 33176 | | |
| | (City/State and Zip Code) | | _ |
| For fu | rther information concerning this n | natter, please call: | |
| Rafae | el Fabian | 305 | 856-6700 |
| | (Name of Contact Person) | | & Daytime Telephone Number) |
| | sed please find a check made payab 5 Filing Fee | | • |
| | ET/COURIER ADDRESS: | | MAILING ADDRESS: |
| _ | tration Section on of Corporations | | Registration Section Division of Corporations |
| | n Building | | P.O. Box 6327 |
| | Executive Center Circle | | Tallahassee, Florida 32314 |
| Tallah | assee, Florida 32301 | | |

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)

| | of the limited liability company as it appears on the records of the Florida Fabian Investments, LLC | Depart | mei | 1l |
|----------------|---|----------|--------------|-------|
| | la document/registration number assigned to this limited liability company | is: | | |
| 3. The date th | his member/manager withdrew/resigned or will withdraw/resign is: | ary 1. | 20 | i & |
| Rodoba | aldo Fabian, hereby withdraw/resign as a | | | |
| | (Print Name of Person Resigning) | | | |
| Manager | er | | | |
| | (Print Title) | | | |
| of this limite | ted liability company and affirm the limited liability company has been not in writing. | tified o | f m <u>y</u> | ì. |
| Signature | e of Dissociating Member or Resigning Manager | | | SIAIG |

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