

L09000045264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

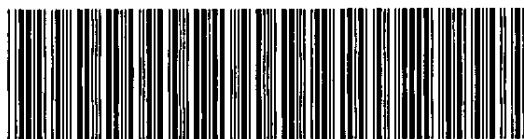
(Document Number)

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2016 SEP 26 AM 11:43

16 SEP 26 AM 8:13

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FOR FILING OFFICE  
DIVISION OF CONSUMER AFFAIRS

SEP 28 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cabem 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:

Hernan Coral

(Contact Person)

Cabem LLC.

(Firm/Company)

1141 NE 200 Th Street.

(Address)

Miami - Florida - 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Hernan Coral

at ( 305 ) 796-2141

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cabern LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L09000045264
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-15-2016
4. I, Brucker-Ailaga, Maria, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGRM  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

x M. Brucker

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 26 AM 8:13