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16 BEC 27 AN & QUESTAILE TALLAHASSEE FINAL

COVER LETTER

_	ration Section on of Corporations		
SUBJECT:	ABAR ON SITE FLEET SEF	RVICES LLC	monu
The enclosed	member, resignation or dissocia	•	• •
Please return a	all correspondence concerning t	this matter to:	
BETHUNE J	IAMES J		
	(Contact Person)		_
ABAR ON S	ITE FLEET SERVICES LLC		
	(Firm/Company)		_
2711 PALAS	STRO WAY		
	(Address)		-
OCOEE F	FLORIDA 34761		
	(City/State and Zip Code)		-
For further inf	formation concerning this matte	er, please call:	
BETHUNE J	AMES J	407 at (654-6490
(Na	me of Contact Person)	- \ <u> </u>	& Daytime Telephone Number)
Enclosed pleas □ \$25 Filing I	se find a check made payable to Fee		Department of State for: g Fee & Certified Copy
STREET/CO Registration S Division of Co Clifton Building	orporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executiv Tallahassee, F	ve Center Circle lorida 32301		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 of State is: ABA	alimited liability company as	s it appears on the records of the Florida Department //ICES LLC
2. The Florida doc	_	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, BETHUNE	IAMES E	, hereby withdraw/resign as a
MGRM		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	S & D
Certified Copy:	\$30.00 (Optional)	