KIU 0000 18557

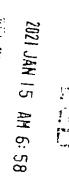
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/15/21--01020--023 **25.00



O SIMMONS FEB 23 2021

COVER LETTER

TO: Registration Section Division of Corporations	
Basalda bs LLC SUBJECT:	
	(Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Jamee T. Bounds	
(Contact Person)	
Basalt Labs, LLC	
(Firm/Company)	
4430 E Fort King St	
(Address)	
Ocała, Fl. 32771	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
James T. Bounds	352 895 3708
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	ne Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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:	abs LLC
2. The Florida docu L10000018857	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I. Clancey Bound	
MGR	
	Print Titley office Company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)