110000028876

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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S. YOUNG

COVER LETTER

Division of Corporations	
JUST B AA, LLC SUBJECT:	
(Name of Limited Liabil	lity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Gail Holt, Personal Representative	
(Contact Person)	
(Firm/Company)	
3369 N. Ocean Shore Blvd.	
(Address)	
Flagler Beach, FL 32136	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Gail Holt, Personal Representative 386	852-5252
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee \$55	orida Department of State for: 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

TO: Registration Section



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 a of State is:	as it appears on the records of the Florida Department
2. The Florida document/registration number L10000028876	
3. The date this member/manager with the wife	migurak de anidk enidek en
4. 1. Brian D. Weiner, deceased (Print Name of Person Resigning)	, koczaby withdrowie sięmczka
(Print Name of Person Resigning)	•
Sole Member/Director	
(Print Title)	
resignation in writing.	the limited liability company has been notified of my
esail Halt	
Gail Holt, Pers. Rep. Estate of Br Signature of Dissociating Member or Resi	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)