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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : T20110000067

Phone

: (786)362-0124

Fax Number

: (786)558-4546

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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J. SAULSBERRY **EXAMINER**

MAY 1 7 2013

J of 2

5/15/13 4:53 PM

COVER LETTER

TO: R

Registration Section Division of Corporations

SUBJECT:

GLABE ENTEPRISES, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

YORAIMA CALDERA

(Contact Person)

GLABE ENTERPRISES, LLC

(Firm Company)

9461 EVERGREEN PL # 306

(Address)

DAVIE, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

YORAIMA CALDERA

954

667-2380

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (5:06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tatlahassee, Florida 32314

Allatete Medical Consulti



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as i BE ENTERPRISES, LI		f the Florida	Departi	2003 HA
2. This limited liability FLORIDA	ty company was organized	under the laws of:		BLAS LE ANY	Y 16 AH 8:3
3. The Florida docum L1100006738	ent/registration number of (9	his limited liability comp	eany is:	74	ഗ
of this limited liabil resignation in writin	e of Person Resigning) ity company and affirm the		(Print Ti	riei	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)