

L11 000133747

(Requestor's Name)

(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & B Services of North Florida, 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:

Stacy Bell

(Contact Person)

—

(Firm/Company)

139 Horseshoe Drive

(Address)

Havana, FL 32333

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Bell

(Name of Contact Person)

at (850) 528-6305

(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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A & B SERVICES OF NORTH FLORIDA, LLC

2. The Florida document/registration number of this limited liability company is:

L11000133747

3. The date this member withdrew or will withdraw is:

12/19/13

4. I, Stacy Bell, hereby resign as a managing member
(Print Name of Person Resigning) (Print Title)

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

[Signature]
Signature of Resigning or Dissociating Manager, Member

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