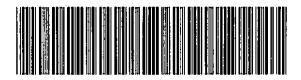
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(Requestor's Name)				
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(Onyrotate/Elpri Hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

	stration Section tion of Corporations			
SUBJECT:	TAY-B-ZO ENTERPRISES. LLC	;		
Sobole 1.	(Name of Limited Liability Company)			
The enclosed	l member, resignation or disso	ociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concernit	ng this matter to:		
Donald E. Hes	ton, Jr.			
	(Contact Person)		_	
TAY-B-ZO EN	NTERPRISES, LLC			
	(Firm/Company)		_	
4280 N. HWY	19a, #2			
	(Address)		_	
MOUNT DOR	A, FL 32757			
	(City/State and Zip Code)		_	
For further in	nformation concerning this ma	atter, please call:		
Donald Heston		352 at (602-4523	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple ☐ \$25 Filing	ase find a check made payabl g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis P.O.	ng Address: Stration Section Sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 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)

	limited liability company a -B-ZO ENTERPRISES, LLC	s it appears on the records of the Florida Departmen
2. The Florida doc L12000027273	ument/registration number a	essigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/resign is: 12/31/2020
4. I. CHARLES W. V	AVREK Vame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
resignation in wr	iting.	he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	17 A:H: 25