

L12000 072 424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

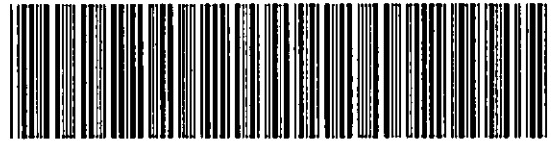
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SUH KER
JAN 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joshua D Drabenstot 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:

Joshua Drabenstot
(Contact Person)

Joshua Drabenstot LLC
(Firm/Company)

P.O. Box 162
(Address)

Altuna, FL 32702
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Drabenstot at (352) 455-2195
(Name of Contact Person) (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

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



12/8/2019

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: Joshua D Drabenstot LLC

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

L12000072424

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 2019

4. I, Bernadette Drabenstot hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Joshua D Drabenstot
Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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