L12000094825

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
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

TO: Registration Section **Division of Corporations** BETTER LIFE ENTERPRISES, 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: MR BENJAMIN ATTWOOD

(Contact Person) ABLE LLC
(Firm/Company) c/o 1976 MCUINNON RD WINDERMERE, FL34786 (City/State and Zip Code) For further information concerning this matter, please call: 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: **₹ MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

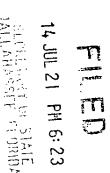
CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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:	A BETTER LIFE ENTERPRISES, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L12	000094825
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 5/31/14.
4. I,HOWAR	D JAMES THORNE, hereby withdraw/resign as a came of Person Resigning)
	NG MEUBER (Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)