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## **COVER LETTER '**

**TO:** Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: ABBONDO	DNZA) LLC d Liability Company)		
(Name of Limite	d Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to:		
(Contact Person)			
N/A			
(Firm/Company)	<del></del>		
110 BAYSI DE DOME (Address)			
(Address)			
CLEARWATTER BEACH, FL, 33767 (City/State and Zip Code)			
For further information concerning this matter, please call:			
RENTON PRESCOTT	at ( <u>727</u> ) <u>902 - 5795</u> (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to to \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		



## 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	rs on the records of the Florida Department
of State is:	ABBONDONZA, L	ic.
2. The Florida doci	ument/registration number assigned to	this limited liability company is:
4	300 L1300001966	9
3. The date this me	mber/manager withdrew/resigned or v	will withdraw/resign is: <u> 1&amp;/しら/ゑ</u> 016
4. I, KENTON (Print N	PRESCOTT, her ame of Person Resigning)	reby withdraw/resign as a
AUTHORIS	ZED MENRER. (Print Title)	
of this limited lia resignation in wr	• •	liability company has been notified of my
	ART .	
Signature of Di	ssociating Member or Resigning Man	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILED SPEC 21 A & 3 CRETARY OF STAT