# L13000152218

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

ABZ Professional Services 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:

#### Pablo Novella

(Contact Person)

#### ABZ Professional Services LLC

(Firm/Company)

### 22185 Boca Rancho Dr Apt.D

(Address)

#### Boca Raton, FL 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>56+</u>) <u>325-0509</u> (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

CR2E079 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i Z Professional Services	t appears on the records of the Flo	orida De	partm	ient 
2. The Florida document/registration number of this L13000152218		this limited liability company is:	# On 10 10 10 10 10 10 10 10 10 10 10 10 10	2014 FEB 10	ssæri glant g
3. The date this member withdrew or will withdraw is: Jan 1, 2014		n - *	灵	. ; ·	
		, hereby resign as a Manage	er .	<u>.</u> 2.	· 
(Print Name of Person Resigning)		(Prini Title)			
of this limited lial resignation in wri		limited liability company has been	en notifi	ed of	my
	P-4				
Signature of Re	signing or Dissociating Man	ager, Member			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				