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## **COVER LETTER**

Division of Corporations
SUBJECT: NABATA ENTERPRISE 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:
(Contact Person)
Masata Enterprise Uc (Firm/Company)
1787 DERBY GLEN DRIVE (Address)
ORLANDO, FLURIDA 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
NASÍR SHAMSÍ at (407) 286-3387 (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 \$\square\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building RAILING ADDRESS: Registration Section Division of Corporations 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 limit	ted liability company a	s it appears on t	he records of the Flo	rida Department
of State is: NAC	BATA ENTER	PRISE LL	<u></u>	·
2. The Florida documen	nt/registration number a	assigned to this	limited liability comp	oan Visse Conf.
3. The date this member 4. I, JAIMA	r/manager withdrew/re  SHAMS i  of Person Resigning)		vithdraw/resign is:withdraw/resign as a	FLORIDA FLORIDA
·	y company and affirm t	the limited liabil	ity company has been	n notified of my
Signature of Dissoc	iating Member or Resi	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)			