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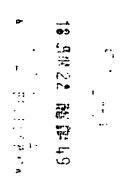
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JUN 25 2018

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	ASBORNE, LLC				
SCDGE I.	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissocia	ation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
JACINTH E	E. BACHMANN				
	(Contact Person)		_		
ASBORNE	, LLC				
	(Firm/Company)		-		
5545 N.W.	KAPPA CT.				
	(Address)		_		
PORT ST. I	LUCIE, FL 34986				
	(City/State and Zip Code)		-		
For further information concerning this matter, please call:					
JACINTH E	E. BACHMANN	772 at (485-4464		
(N	ame of Contact Person)		& 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					
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Division of C			Registration Section Division of Corporations		
Clifton Build	•		P.O. Box 6327		
2661 Executi	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



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)

The name of the limited liability company as it appears on the reconstruction of State is:	·
2. The Florida document/registration number assigned to this limited L15000190926	liability company is:
3. The date this member/manager withdrew/resigned or will withdraw DANIEL R. BACHMANN 4. I	
(Print Name of Person Resigning) MGR (Print Title)	
of this limited liability company and affirm the limited liability conresignation in writing.	npany has been notified of my
Signature of Dissociating Member or Resigning Manager	- SA - TA - TA - TA - TA - TA
Filing Fce: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	第 第 5