

L16000015235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

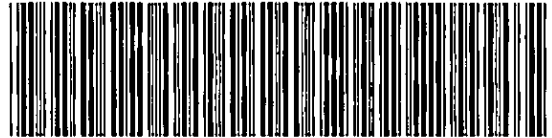
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/19--01018--005 **35.00

APPROVED
AND
FILED
2019 MAY 22 PM 5:28
CLERK OF COURT
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JUN 20 2019



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
SABA BAKES LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L16000015235

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
GHOLAMREZA BABAZADEH

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

x *G. Babazadeh*
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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04/30/2019