## L16000034380

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Certified Copies	_ Certificates	s of Status
Special Instructions to	———————— Filing Officer:	
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Office Use Only



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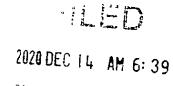
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lavish by A&B 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:
Drittan Lane (Contact Person)
Lavishby AEBLLC (Firm/Company)
Palm Harber F1 34685
Palm Harber F1 34685 (City/State and Zip Code)
For further information concerning this matter, please call:
Britany Lane at (786) 247-0572 (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 \$\sum \frac{1}{2}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)





## FLORIDA DEPARTMENT OF STATEALLY SHATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	nited liability company as it appears on the records of the Florida Department
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L1600003	34380
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: $\frac{11/20/20}{}$
4.1, Anglo	hereby withdraw/resign as a
AMBR	int Title)
of this limited liabili	ity company and affirm the limited liability company has been notified of my
Ong.	· la Lane
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)