## 1/700046667

(R	equestor's Name)			
(A)	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nai	me)		
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S. WARREN MAR 0 9 2018

## **COVER LETTER**

TO: Registration Section			
Division of Corporations			
SUBJECT: A BIT ABOVE, UC			
(Name of Limited Liability Con	pany)		
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A A fam filing		
The enclosed member, resignation or dissociation and fee(s)	) are submitted for minig.		
Please return all correspondence concerning this matter to:			
•			
JOSEPH THOMAS			
(Contact Person)	•		
A BIT ABOVE, UC			
(Firm/Company)	•		
5620 86th AJENUE N.			
5620 86th AJENUE N. (Address)	•		
PINEUAS PARK, FL 33782			
(City/State and Zip Code)	-		
For further information concerning this matter, places call-			
For further information concerning this matter, please call:			
	A		
JOSEPH THOMAS at ( 321	) 265-2406		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:			
, -	Fee & Certified Copy		
	•		
CTRET/COVERED ADDRESS	MAIL INC. ADDDECC.		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	,		

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)

1. The name of the li	nited liability company as i	t appears on the records of the Flo	orida Department
of State is:	A BIT ABOVE, LLC		
2. The Florida docum	ent/registration number ass	signed to this limited liability com	pany is:
LI7¢¢	9946667		
3. The date this mem	ber/manager withdrew/resig	gned or will withdraw/resign is: _	5/27/17
4. I, Dean A. (Print Nam	1 Denvil ne of Person Resigning)	, hereby withdraw/resign as a	·
	Menber.		
of this limited liabil resignation in writin		e limited liability company has bee	en notified of my
<u></u>	ociating Member or Resign		
Filing Fee: Certified Copy:			18 HAR SECKLI TALL AH