## 11700138977

(Requestor's Name)
(Address)
(Address)
, , ,
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(Document Number)
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## **COVER LETTER**

TO:

CR2E079 (2/14)

TO: Registration Section	
Division of Corporations	
SUBJECT: HERBEBGOL LLC	
	.imited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concernia	ng this matter to:
Alon Goldboim	
(Contact Person)	<del></del>
HERBEBGOL LLC	
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
19520 Ne 19th Ct	
(Address)	
North Miami Beach, FL 33179	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Alon Goldboim	at ( 954 ) 393-2503
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl   ■ \$25 Filing Fee	e to the Florida Department of State for:  \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	. anamone, i fortati 525 f f





## 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 Departm	ent
of State is	HERBEBGOL LLC	<u>_</u> .
2. The Flori	a document/registration number assigned to this limited liability company is:  L17000138977	
3. The date	nis member/manager withdrew/resigned or will withdraw/resign is: 08/10/2017	
4. I,Sha	ar Goldboim hereby withdraw/resign as a  Print Name of Person Resigning)	
	MGR	
	(Print Title)	
	ed liability company and affirm the limited liability company has been notified of a in writing.	my
Signatur	of Dissociating Member or Resigning Manager	
Filing Fee: Certified Co	\$25.00 (Required)	