

L17000146861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

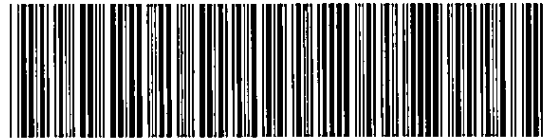
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 17 2019

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JUL 01 2019

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN 17 AM 11:16

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Ass/Resign
member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RABID LABS 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:

JORDAN FREEBORN
(Contact Person)

RABID LABS LLC
(Firm/Company)

7301 WILTS ROAD, STE 203
(Address)

CORAL SPRINGS / FL 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

JORDAN FREEBORN at (954) 415-1842
(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

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 of State is: RABLO LABS LLC

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

L17000146861

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/11/19

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

MGR
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE
TALLAHASSEE, FL

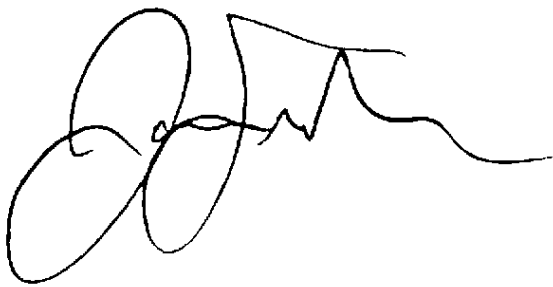
2019 JUN 17 AM 11:16

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PLEASE UPDATE THE PRINCIPAL
+ MAILING ADDRESSES TO

7301 WILES ROAD, STE 203
CORAL SPRINGS, FL 33067

JORDAN FREEBORN

A handwritten signature in black ink, appearing to be 'Jordan Freeborn', with a large loop at the start and a wavy line at the end.