17000214150

(Re	equestor's Name)			
(Address)				
(Ad	idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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Jul -

COVER LETTER

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:	ABE SCRAP METAL LLC		
	(Name o	f Limited Liability Co	ompany)
The enclosed	d member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return	n all correspondence concert	ning this matter to) :
Chris Osteen			
	(Contact Person)		
ABE SCRAP	METAL LLC		
	(Firm/Company)		
121 SE 453 Si	treet		
	(Address)		_
Old Town Flor	rida, 32680		
	(City/State and Zip Code)		
For further in	nformation concerning this r	natter, please call	:
Chris Osteen		352	210-0124) lc & Daytime Telephone Number)
(N	ame of Contact Person)	(Area Cod	le & Daytime Telephone Number)
	ease find a check made payal g Fee		
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810
			Tallahassee, FL 32303

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SECRETARY OF STATE TALLAHASSEE, FL DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L17000214150		_
3. The date this mo	ember/manager withdrew/re	esigned or will withdraw/resign is:
Karen Osteen		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	hereby withdraw/resign as a
Member		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Z men	Alter	
Signature of D	issociating Member or Res	igning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	