

L18000138332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

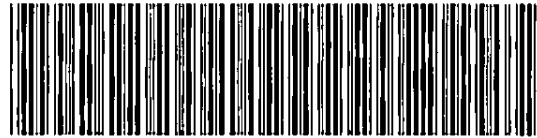
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Law Offices of Bonnie A. Brown

514 South Colorado Avenue
Stuart, Florida 34994

Telephone: (772) 221-9024

Fax: (772) 221-9086

August 7, 2019

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 3214

RE: Shane M. Abbenante, LLC

Enclosed please find the Resignation of a Member and the Articles of Amendment to Articles of Organization for the above LLC.

If you have any questions, please contact me at your earliest convenience.

Regards,



Denise Benson,
Legal Assistant
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHANE M. ABBENANTE, 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:

Sandra G. Abbenante

(Contact Person)

Shane M. Abbenante, LLC

(Firm/Company)

1189 SW Balmoral Trace

(Address)

Stuart, FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra G. Abbenante

772 919-2742
at ()

(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: SHANE M. ABBENANTE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000138332

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/28/18

4. I, Shane M. Abbenante, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

Shane Abbenante

Signature of Dissociating Member or Resigning Manager

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

2019 JAN 13 PM 2:25
STATE OF FLORIDA
DIVISION OF CORPORATIONS