

L180000207466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

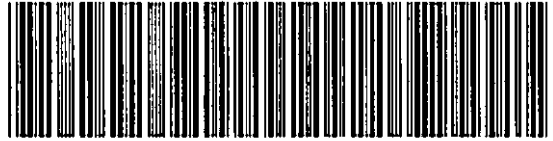
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

C) SIMMONS
DEC 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABO4748 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:

William Brown

(Contact Person)

CABO4748 LLC

(Firm/Company)

17830 Front Street

(Address)

Mount Dora FL 32757

(City/State and Zip Code)

For further information concerning this matter, please call:

William Brown

at (352) 978-6328

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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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NOV 29 AM 6:39
SECRETARY OF STATE
TALLAHASSEE, FL

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: CABO4748 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000207466

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/12/2020

4. I, Michelle E. Brown, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager/Member
(Print Title)

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


Signature of Dissociating Member or Resigning Manager

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

AFFIDAVIT OF MICHELLE E. BROWN

STATE OF FLORIDA

COUNTY OF LAKE


BEFORE ME, the undersigned authority, personally appeared **MICHELLE E. BROWN**, who after being duly sworn, deposes and says:

1. I am over the age of twenty-one (21) years, I am fully competent to execute this Affidavit, and I have personal knowledge of the facts contained herein.
2. I am mistakenly named as a Member of CABO4748, LLC in the Articles of Organization filed with the Florida Department of Corporations on August 29, 2018.
3. I am not a Member nor have I ever been a Member of CABO4748, LLC.
4. I have no right, title or claim to any interest in CABO4748, LLC.

FURTHER AFFIANT SAYETH NAUGHT.


MICHELLE E. BROWN, Affiant

The foregoing instrument was acknowledged before me this 12th day of February, 2020, by **MICHELLE E. BROWN**, who personally appeared before me and who produced a Florida driver's license as identification.


NOTARY PUBLIC, State of Florida
Printed Name: Jaclyn Newmon
Commission Expires: 6/20/21
Commission No.: GG 257162

