

# L19000229434

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

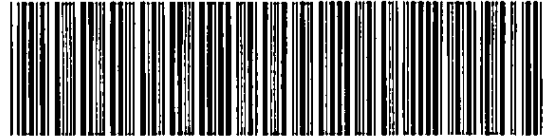
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fabian Construction & Remodeling 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:

Stephen Fabian

\_\_\_\_\_  
(Contact Person)

Fabian Construction & Remodeling LLC

\_\_\_\_\_  
(Firm/Company)

11726 Old Course Rd

\_\_\_\_\_  
(Address)

Cantonment, FL 32533

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Fabian

850

418-8798

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

**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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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: Fabian Construction & Remodeling LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000229434

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/15/2022

4. I, Jennifer L Kennedy, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Member

(Print Title)

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

Jennifer L Kennedy  
Signature of Dissociating Member or Resigning Manager

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



Taylor Hagle  
Notary Public  
State of Florida  
Comm# HM074665  
Expires 12/22/2024

Taylor Hagle