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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Infinite Minds ABA, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Jean Seibold	
(Contact Person)	
Robert S. Forman, P. A.	
(Firm/Company)	
8201 Peters Road, Suite 1000	
(Address)	
Fort Lauderdale, FL 33324	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Jean Seibold	at (<u>954</u>) <u>735–0000</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
•	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E079 (2/14)



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 of State is:	he limited liability company as it appears on the records of the Finite Minds ABA, LLC	lorida I	Depart	ment
2. The Florida do L20000004430	cument/registration number assigned to this limited liability cor	npany i	s:	 ,
Marla Nascime	nember/manager withdrew/resigned or will withdraw/resign is:		2020	_
	(Print Title)			
		en notif	6- AOH 10 8 2	my
	issociating Member or Resigning Manager	\SSEE.	- P <u>H</u>	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILE	7:47	