## L20000154151

(Req	uestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
Umits				





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12/22/23--01311--011 \*\*25.00



## COVER LETTER

Divis	ion of Corporations		
SUBJECT:	Ashby & Gabriel LLC		
Selve C.	(Name of	Limited Liability Co	mpany)
The enclosed	member, resignation or dis	sociation and fee(	s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
Megan Beran	ne		
	(Contact Person)		<del></del>
Ashby & Gab	riel LLC		
<del></del>	(Firm/Company)	<del></del>	_
1718 N. K Str	ect		
·	(Address)		<del></del>
Lake Worth B	each, FL 33460		
•	(City/State and Zip Code)		_
For further in	nformation concerning this n	natter, please call:	
Megan Beram	е	970 at (	227-5857
(N:	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ase find a check made payab		_
<b>\$25</b> Filing	g Fee	☐ \$55 Filin	g Fee & Certified Copy
Mailin	og Address:		Street Address:
	tration Section		Registration Section
Divis	ion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Tallal	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



## 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)

	e limited liability company as in	appears on the records of the Florida Department
2. The Florida doc L20000154151	ument/registration number ass	igned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is: June 10, 2023
Kent Berame		hereby withdraw/resign as a
(Print )	Jame of Person Resigning)	, hereby withdraw/resign as a
Member		
	(Print Title)	
of this limited lia resignation in w	• • •	limited liability company has been notified of my
Signature of D	issociating Member or Resigni	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	AH II: 5