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#### **COVER LETTER**

SUBJECT: Norm - Jodi Asbell Realty, 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:	
Morman A Asbell JR (Contact Person)	
Norm-Jodi Asbell Really, LLC	
21526 Sunset are.	
Panama City Beach 77 32413 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Norman Asbell a. 878, 149 8455	OF ST
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:	_

#### **Mailing Address:**

\$25 Filing Fee

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

\$55 Filing Fee & Certified Copy

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



### 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 li of State is: Morm		ppears on the records of the F $\sim 11 Roott,$	lorida Departi	nent
		$\bigcup$ '		
		ned to this limited liability cor	npany is:	
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3. The date this member/mar	nager withdrew/resigne	ed or will withdraw/resign is:	8/1/20	ı 
4. 1. Jodi B f	15 bell son Resigning)	_, hereby withdraw/resign as		
AMBR		•		
(Print Title)		)		
of this limited liability con- resignation in writing.	pany and affirm the lir	mited liability company has be	een notified of	my
Jodi Ba	stell		20 HJ	
Signature of Dissociating	Member or Resigning	Manager		
			5-4	<u> </u>
Filing Fee: \$25.00	(Required)		•••	C.S.
Certified Copy: \$30.00	(Optional)		ন্ড	AE AE