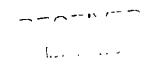
h2000014775Z

(Requ	iestor's Name)				
(Addr	ess)					
(Addr	ess)					
(City/s	State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer:						

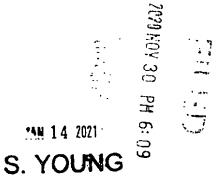
Office Use Only



400355696784



12/01/28--01902--029 ++25.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Abba Nutrition 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:					
Pertagage Jarrett (Contact Person)					
Abba Nutrition'LLC' (Firm/Company)					
2301 Palm Avenue # 105 (Address)					
Miramar Florida, 33025 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (954) 770-9132 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\s					

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



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)

	imited liability company as		f the Florida	Departi	ment
of State is:	Abba Nutrit	ion "LLC"		<u>. </u>	·
2. The Florida docu	ment/registration number as	signed to this limited liabil	ity company	is:	
<u> L200</u>	00167752	·			
3. The date this mer	nber/manager withdrew/resi	igned or will withdraw/resig	gn is:	<u>30-2</u>	<u>0</u> 20
	me of Person Resigning)		ign as a		
Begistere	ed Agent/Title m	1612			
of this limited liab	fility company and affirm the ting.	e limited liability company	has been no		ľ my
Signature of Dis	sociating Member or Resign	ning Manager	;	08 AON 6242	
	\$25.00 (Required) \$30.00 (Optional)			4 30 PH 6: 09	£ 2