

121 000256330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400371275904

09/23/21--01082--000 \$25.00

FILED
2021.09.23 PM 3:45
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABE INTERNATIONAL CONSULTANTS 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:

DR RAINFORD BOWES

(Contact Person)

ABE INTERNATIONAL CONSULTANTS LLC

(Firm/Company)

8961 SW 73RD PLACE APT 109

(Address)

MIAMI, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. RAINFORD BOWES

(Name of Contact Person)

786

306-7227

at ()

(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



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: ABE INTERNATIONAL CONSULTANTS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000256330

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/8/2021

4. I, FAITH ALLEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR Faith Allen
(Print Title)

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

Faith Allen
Signature of Dissociating Member or Resigning Manager

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

FILED
2021 08 23 PM 3:46
TERRY C. STATE
TAMPA, FL