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





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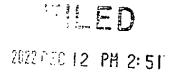
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COVER LETTER

TO:	_	stration Section sion of Corporations		
	15141.	·	c	
SUBJ	IECT:	ABH & AH INVESTMENTS, LL		
		(Name of L	imited Liability Co.	mpany)
The e	nclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e returi	all correspondence concernir	ng this matter to:	
ALEX	ANDE	RHALL		
	_	(Contact Person)	·	_
авн а	& AH 18	NVESTMENTS, LLC		
		(Firm/Company)		_
87666	OVERS	SEAS HIGHWAY		
	-	(Address)		
ISLAN	MORAE	DA, FL 33036		
		(City/State and Zip Code)		-
For fu	irther i	nformation concerning this ma	atter, please call:	
ALEX	KANDEI	R HALL	970 at (331-1938
	(N	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
	osed ple 5 Filin	ease find a check made payabl g Fee	e to the Florida∣ □ \$55 Filin	Department of State for: g Fee & Certified Copy
	Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 nhassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	ity company as it appears on the records of the Florida Department
2. The Florida document/registra L 22000079716	ntion number assigned to this limited liability company is:
3. The date this member/manage	er withdrew/resigned or will withdraw/resign is:
CALEMALI	, hereby withdraw/resign as a
	y and affirm the limited liability company has been notified of my
resignation in writing. Signature of Dissociating Management	ember or Resigning Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)