122 OC2 44669

(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:
J DENNIS
JUL 1 9 2023

Office Use Only



100408681831

65 16/23--01019--026 *+55.00

SECRETARY IS AH 8: 19

COVER LETTER

то:	~	stration Section sion of Corporations			
SUBJ	ECT:	SBBP LLC			
., ., .,,,		(Name of Limited Liability Company)			
The er	nclosed	d member, resignation or diss	sociation and fee((s) are submitted for filing.	
Please	return	all correspondence concern	ing this matter to:	:	
Donald	lm. Alli	ison, Esquire			
		(Contact Person)		_	
Graner	Platzek	& Allison, P.A.			
		(Firm/Company)		~	
1699 S	. Federa	d Highway, Suite 300			
		(Address)		_	
Boca R	taton, FI	1. 33432			
		(City/State and Zip Code)			
For fu	rther in	nformation concerning this n	natter, please call	:	
Donald	l M. All	ison	561 at (750-2445	
	(N	lame of Contact Person)		e & Daytime Telephone Number)	
_	sed ple 5 Filing	ase find a check made payab g Fee		Department of State for: ng Fee & Certified Copy	
		ng Address:		Street Address:	
		stration Section sion of Corporations		Registration Section Division of Corporations	
	P.O.	Box 6327		The Centre of Tallahassee	
	LaHa	hassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



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)

2. The Florida doc 1.22000244669	ument/registration number	assigned to this limited liability company is:
	ember/manager withdrew/re	esigned or will withdraw/resign is: April 20, 2023
131313731311		, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm thing.	gning Manager ison, AR of PBBSPF, Inc.
	issociating Member or Resi	gning Manager ison, AR of PBBSPF, Inc.
Signature of D		