

L23000366704

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

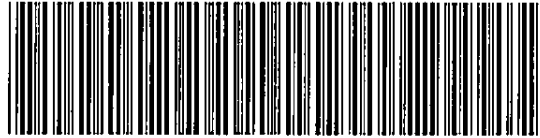
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUL 29 2024

Office Use Only



900433354489

07/19/24--01027--012 \*\*55.00

2024 JUL 19 PM 3:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ariel Haven1 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:

Janet Kay Seljos  
(Contact Person)

Ariel Haven1 LLC Owner  
(Firm/Company)

1573 Ckudre Rd  
(Address)

Runge TX 78151  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Kay Seljos at (512) 740-6600  
(Name of Contact Person) (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



2023 JUN 13 PM 3:30

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: Ariel Haven1 LLC

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

L23000366704

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-6-24

4. I, J. Scott Marlowe, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member / Agent  
(Print Title)

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

J. Scott Marlowe

Signature of Dissociating Member or Resigning Manager

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

**ACTION BY WRITTEN CONSENT OF THE MEMBERS OF  
ARIEL HAVEN1, LLC**

1. **Written Consent.** Pursuant to the Operating Agreement, the Members may act without a meeting by written consent. The following are the former members of Ariel Haven1: Janet Seljos (40%), Scott Marlowe (30%), and Robin Lilly (30%).
2. **Change in Managers.** Scott Marlowe and Robin Lily are removed as managers. Janet Seljos is the sole manager.
3. **Acceptance of Membership Transfer by Unanimous Consent.** The Members accept the provisions of the Membership Transfer Agreement between Scott Marlowe, Robin Lilly, and Janet Seljos dated 06/21/2024. Scott Marlowe's 30 membership units belong to Janet Seljos. Robin Lilly's 30 membership units belong to Janet Seljos.

Membership interests, along with profit and loss allocations, are now as follows:

Janet Seljos - 100 membership units (100%)

4. **Confirmation of Registered Agent.** Scott Marlowe shall remain the registered agent for Ariel Haven1, LLC.
5. **Adjournment.** There being no further business before the meeting, on motion duly made, seconded, and carried, the meeting adjourned.

Dated: June 6, 2024.

**Prior Members and Managers for Ariel Haven1, LLC:**

J. Scott Marlowe  
Scott Marlowe, Member and Manager

Robin Lilly  
Robin Lily, Member and Manager

Janet Seljos  
Janet Seljos, Member

**New Members and Managers for Ariel Haven1, LLC:**

Janet Seljos  
Janet K. Seljos, Trustee, Member and Manager