

L 23000512461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

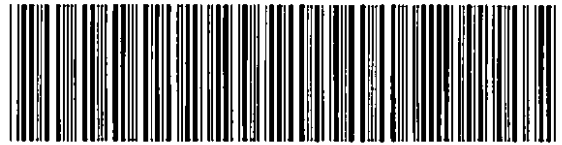
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2024 JAN 16 AM 11:32  
SECRETARY OF STATE  
FALLS CHURCH, VA



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)

2024 JAN 16 PM 11:32  
SECRETARY OF STATE  
TALLAHASSEE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 3B ONE, LLC

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

TAX  
EIN# : 99-0574570

doc#  
L23000512461

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JAN. 1, 2024

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

PARTNER  
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3B ONE, 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:

HELEN DANYI  
(Contact Person)

3B ONE, LLC  
(Firm/Company)

152 WELLINGTON H  
(Address)

WEST PALM BEACH, FL. 33417  
(City/State and Zip Code)

2024 JAN 16 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

HELEN DANYI at (561) 225-5094  
(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

CR2E079 (2/14)

ENCLOSED IS  
CHECK # 162  
FOR FILING FEE amt. \$25.00