111000003067

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2015

GARY L. PALMER 370 BROOKPOINT CIRCLE WADSWORTH, OH 44281

SUBJECT: GABA, LLC

Ref. Number: M10000003067

We have received your document for GABA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00008003

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE		C In Limited Liability C	Company)			
Dear Si	ir or Madam:					
The end	closed withdrawal and fee(s) are submitted for	or filing.				
Please r	return all correspondence concerning this ma	itter to the following:				
Gr	(Name of Person)					
	(Firm/Company)			TWO IS	2018	
37	O BROOKPOINT (Address)	CIRCLE	=	TANK DOSE	MAY-I	7
الس	ADSUIORTH O (City/State and Zip Code)	H 44ã	281	E FLOME	PM 3: 5	T
For furt	her information concerning this matter, pleas	se call:		, 35	_	
GA	(Name of Person)	at (<u>330</u>) (Area Code & I	336 - 545 Daytime Telephone Number)	8		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclose	ed is a check for the following amount:					
□ \$25 F ≤		\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Conv			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GABA, LLC		
(Name of limited liability company)		
(Jurisdiction of its organization)		_ _
(Date registered with Florida Department of State)		
M 100000 30 67 (Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state	285	
Garage S. Palmer	HAY -1	
(Signature of authorized representative) SARY L. PALMER (Typed or printed name of signee)	PH 3:	Ö
(1) ped of printed fidure of signee)	1 J	

Filing Fee: \$25.00