## 11300004717

(Request	or's Name)	
(Address	)	
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PICK-UP	] WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Yobe Acquisition, LLC	
(Name of Lin	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Stan Gauthier, I!	
(Contact Person)	<del></del>
Stan Gauthier, II A Law Corporation	
(Firm/Company)	
1405 West Pinhook Road, Suite 105	
(Address)	<del></del>
Lafayette, Louisiana 70503	
(City/State and Zip Code)	
For further information concerning this man	ter, please call;
Rachel Boudreaux	337 234-0099
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee	to the Florida Department of State for:  X \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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)

	limited liability company as e Acquisition, LLC	it appears on the records of the Florida Department
2. The Florida docs M1300000479	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 11/ 07 /2017
Diabord M/ /	Neam	, hereby withdraw/resign as a
General Man		
<del>-,</del>	(Print Title)	
of this limited lia resignation in wr		re limited liability company has been notified of my
Signature of D	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	