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(Re	equestor's Name)	
	ddress)	
(/ "	udic <i>33)</i>	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2008 APR -3 AM IO: 47
SECRETARY OF STATE

T. CLINE

APR - 4 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Christina's House (Name of Limited Liability Con	LLC mpany)
(
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Christina DES/Andes (Contact Person)	_
(Contact Person)	_
(Firm/Company)	_
6068 3rd Auc N (Address)	
(Address)	_
ST. PeTensbund FL 337/ (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (717 (Area Code)	SECRETARY OF STATE A Daytime Telephone Number Day & Daytime Telephone Number Day
For further information concerning this matter, please call:	APR -3 AM CRETARY OF S CRETARY OF S AHASSEEPE
PARISTINA DESLANDES at 127) 432 - 358 Eg = C
(Name of Contact Person) (Area Code	& Daytime Telephone Number
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i			
	lity company was organized	under the laws of:		
3. The Florida docu	ment/registration number of	this limited liability comp	any is:	
	DES Andes ame of Person Resigning)	, hereby resign as a	M & R M (Print Title)	
of this limited liab	oility company and affirm the ting.	limited liability company	has been notified of my SECRETA	77
Signature of Resi	gning Member, Managing Mo	ember or Manager	-3 AM 10: 47 RY OF STATE SSEE, FLORID	ED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		DATE DRIOA	