

L05000043770

2005 OCT -3 P 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

AL1

Office Use Only



000060158380

10/03/05--01068--007 \*\*50.00

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

2005 OCT -3 P 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: 3 Wishes LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNE HARRIS & PATTI GUTHRIE  
(Name of Person)

CARRIAGE HOUSE ALF  
(Firm/Company)

1652 S. PARK AVE.  
(Address)

TITUSVILLE, FL. 32780  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Guthrie at (321) 750-1387  
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee  
\$450 for 2 people  
CR2E079 (8/05)

☐ \$55 Filing Fee &  
Certified Copy



FILED

2005 OCT -3 P 1:51

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Patti Guthrie, hereby resign as Owner  
(Title)  
of 3 Wishes LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of \_\_\_\_\_

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

Patti Guthrie  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314