

W5000095935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L05-95935

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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Michele's Photo Restoration L.L.C.  
(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:

Cristina James

(Name of Person)

Michele's Photo Restoration L.L.C.

(Firm/Company)

P.O. Box 830631

(Address)

Ocala Florida 34483-0631

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark J. Belk

(Name of Person)

at ( 352 ) 622-1151

(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

☒ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

I, Cristina James, hereby resign as Manager  
(Title)  
of Michele's Photo Restoration L.L.C.  
(Limited Liability Company)  
a limited liability company organized under the laws of the State of Florida  
and affirm that the limited liability company has been notified in writing of the resignation.

x Cristina James  
(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

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TALLAHASSEE FLORIDA