

**L05000096247**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

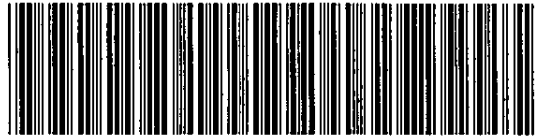
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2008 OCT 24 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
OCT 27 2008  
**EXAMINER**

**COVER LETTER.**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Saillant Enterprises, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000096247

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theddy Saillant  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9881 NW 51st Lane  
(Address)

Miami, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

Theddy Saillant at ( 954 ) 682-6139  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2008

THEDDY SAILLANT  
9881 NW 51 LANE  
MIAMI, FL 33178

SUBJECT: SAILLANT ENTERPRISES, LLC  
Ref. Number: L05000096247

We have received your document for SAILLANT ENTERPRISES, 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):

Please fill out the resignation for manager, you are not listed as the registered agent.

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 call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 408A00053640

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Saillant Enterprises, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Theddy Saillant  
(Contact Person)

(Firm/Company)

9881 NW 51 Lane  
(Address)

Miami, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

Theddy Saillant at ( 954 ) 682-6139  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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



FILED

2000 OCT 24 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Saillant Enterprises, LLC

2. This limited liability company was organized under the laws of:  
Any and all lawful business - Florida

3. The Florida document/registration number of this limited liability company is:  
L05000096247

4. I, Theddy Saillant, hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

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

Theddy Saillant

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)