

LO6000032193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

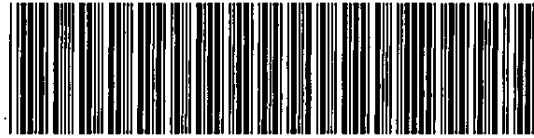
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Design

Office Use Only



500084188945

01/16/07--01019--027 **25.00

Reject

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 PM 2:22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2007

ABP HOLDINGS LLC
18495 SOUTH DIXIE HWY #289
MIAMI, FL 33157

SUBJECT: ABP HOLDINGS LLC
Ref. Number: L06000032193

We have received your document for ABP HOLDINGS 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):

Individuals name must match our records. Please complete the title field on the form.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 007A00003847

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABP Holdings 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:

Myriam
(Contact Person)

ABP Holdings LLC
(Firm/Company)

18495 South Dulie Hwy #289
(Address)

Miami, FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Myriam at (786) 506-6706
(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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABP Holdings 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:

Mypiam
(Contact Person)

ABP Holdings LLC
(Firm/Company)

18495 South Dixie Hwy #289
(Address)

Miami, FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Mypiam at (786) 306-6706
(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



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: ABP Holdings LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L 06000032193

4. I, Cynthia De Armas, hereby resign as a MGR
(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.

Cynthia De Armas

Signature of Resigning Member, Managing Member or Manager

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 PM 2:22