

W6000056523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

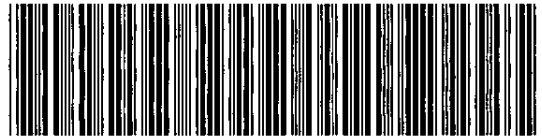
(Business Entity Name)

(Document Number)

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

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10/28/08--01020--016 \*\*25.00

FILED

30 OCT 28 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 29 2008

EXAMINER

CATLIN SAXON FINK & KOLSKI, LLP

2600 DOUGLAS ROAD  
SUITE 1109  
CORAL GABLES, FLORIDA 33134-6143

(305) 371-9575

FAX (305) 371-8011

H. JAMES CATLIN, JR.  
RETIRED

October 27, 2008

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Via Federal Express**

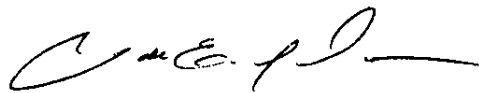
**Re: Filing of Resignation of Managing Member from Florida LLC**

Dear Sir or Madam:

I am forwarding to you herewith the executed Resignation of Managing Member from Florida LLC, **Andrea Fay, LLC** together with the required copy of same for filing. Also enclosed is this firm's check number 1838 in the sum of \$25.00 representing the State filing fee.

If you should have any questions, please do not hesitate to call.

Sincerely,



Jose E. Alas  
Legal Assistant

Enclosures

FILED  
69 OCT 28 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANDREA FAY, 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:

Brian L. Fink, Esq.  
(Contact Person)

Catlin Saxon Fink & Kolski, LLP  
(Firm/Company)

2600 DOUGLAS ROAD  
(Address)

Coral Gables, Florida 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian L. Fink at ( 305 ) 371-9575  
(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  
09 OCT 28 AM 10:18  
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**

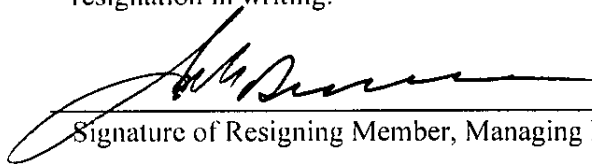
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ANDREA FAY, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L06000056523

4. I, John C. Graves, hereby resign as a Managing Member  
(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.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
09 OCT 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA