

#L08000021991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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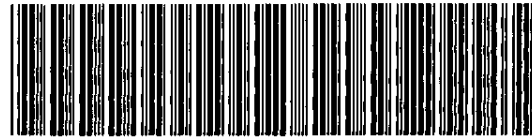
(Business Entity Name)

(Document Number)

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K. SALLY  
EXAMINER  
NOV 16 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANNELINE, LLC — L 08000021991  
(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:

P. TRISTAN BOURGOIGNIE, ESQ.  
(Contact Person)

TRISTAN BOURGOIGNIE, P.A.  
(Firm/Company)

1200 ANASTASIA AVE, #410  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRISTAN BOURGOIGNIE, ESQ. at ( 305 ) 200 0350  
(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

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## RESIGNATION OF MANAGING MEMBER

I, ANNE-MARIE VOIGNIER, hereby resign effectively immediately as  
MANAGING MEMBER of ANNELINE, LLC, a limited liability company organized  
under the laws of the State of Florida, and affirm that the Limited Liability company and  
other Members have been notified in writing of the resignation.

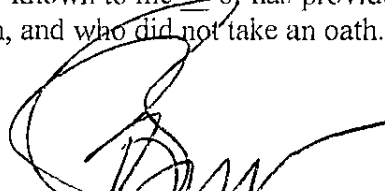
Dated: November 11, 2011

  
\_\_\_\_\_  
ANNE-MARIE-VOIGNIER

State of Florida  
County of Miami-Dade

SWORN TO AND SUBSCRIBED before me this 11th day of November, 2011  
by Anne Marie Voignier, and who is personally known to me or has provided  
French Passport # as identification, and who did not take an oath.

04FE70864

  
\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires: