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SECRETARY OF STATE
ALL AHASSEE. FLORIDA

J. BRYAN

MAY - 1, 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chrissy's at Pebblebrooke, LLC (Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Christine Bianchi-Rabil	_
(Contact Person)	4 . 0
Chrissy's at Pebblebrooke, LLC	SECRE TO
(Firm/Company)	TAST 33 L
2412 Pine Woods Circle	PR 30 PH 3: 46 09 APR 30 PH 3: 46 SECRETARY OF STATE TALLAHASSEE. FLORIT
(Address)	STA LOT
Naples, Florida 34105	RIGHT 6
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Christine Bianchi-Rabil at (239	331-2955
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (5/06)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CRZE079 (5/06)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		s of the Florida Department
2. This limited liab Florida	ility company was organized	d under the laws of:	R 30 PH 3: 46 RETARY OF STATI
3. The Florida doci	nment/registration number o	f this limited liability con	5M
4. I, Fadi Rabil	ame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited liab resignation in wri	oility company and affirm th	e limited liability compa	ny has been notified of my
Hool.	RU		
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		