

LO8000091390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

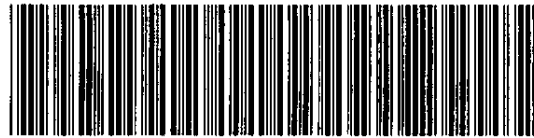
Special Instructions to Filing Officer:

789 707 671

Office Use Only

LO8-91390

FF \$25  
CC 30



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01/21/10--01037--007 \*\*20.00

01/04/10--01042--002 \*\*35.00

FILED  
10 JAN 26 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2010

ANDRE BOUDRI  
276 MALIBU CIRCLE  
GREENACRES, FL 33413

SUBJECT: ABE'S & ANDRE'S LLC  
Ref. Number: L08000091390

We have received your document for ABE'S & ANDRE'S LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 510A00000247

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom it may concern,

Please Apply my ORIGINAL \$35 TOWARDS The  
Corrected Request, I have ENCLOSED another  
Check for \$20 in order To Receive A  
Certified copy.

Andri Bordis

FILED  
10 JAN 26 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABE'S & ANDRE'S 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:

ANDRE BOUDRI  
(Contact Person)

ABE'S + ANDRE'S LLC  
(Firm/Company)

276 MALIBU CIRCLE  
(Address)

GREENACRES FL, 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRE BOUDRI at ( 561 ) 512-3949  
(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**  
10 JAN 26 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#  
I submitted 35  
with the original  
Now I include  
another \$20  
for a certified  
copy



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: ABE's + ANDRE'S 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:

L08000091390

4. I, ANDRE BOUDRI, hereby resign as a MG RM <sup>manager</sup> <sub>member</sub>.  
(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  
10 JAN 26 PM 1:40  
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TALLAHASSEE, FLORIDA