

LO8000091390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

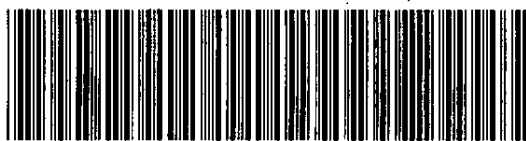
Special Instructions to Filing Officer:

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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TALLAHASSEE, FLORIDA

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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

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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

*I submitted 35
with the original
now I include
another \$20
for a 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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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: 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 M ^{manager} _{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)

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TALLAHASSEE, FLORIDA