

LO8000091390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

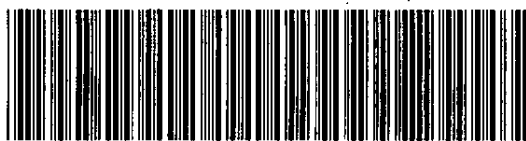
Special Instructions to Filing Officer:

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:
LO8000091390

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