

LD9000034162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

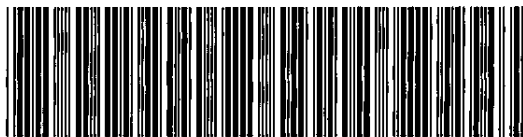
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAY 13 2009

EXAMINER



300155734853

05/11/09--01022--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 11 PM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chrissy's at Courthouse Shadows, 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:

Fadi G. Rabil

(Contact Person)

Chrissy's at Courthouse Shadows, LLC

(Firm/Company)

2412 Pine Woods Circle

(Address)

Naples, Florida 34105

(City/State and Zip Code)

For further information concerning this matter, please call:

Fadi G. Rabil

(Name of Contact Person)

at (239) 287-2565

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 11 PM 2:40

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: Chrissy's at Courthouse Shadows, 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:
L09000034162

4. I, Michel Deaibes, hereby resign as a Managing 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.

Michel Deaibes
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)