109000067373

	·
. at	(Requestor's Name)
· .	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
. 4	
	(Business Entity Name)
a	
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:

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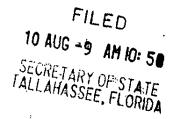
AUG 1 0 2010

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ABC DIRECT (Name of Limited L	ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
. Please return all correspondence-concerning this r	natter to:
EMMANUEL ALLIEL (Contact Person)	
ABC DIRECT LLC (Firm/Company)	
22065 US 19 N (Address)	
CLEARWATER FL 33 (City/State and Zip Code)	765
For further information concerning this matter, ple	ease call:
(Name of Contact Person) (A	Nrea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	المنت
	limited liability company as it appears on the records of the Florida Department
of State is:	ABC DIRECT LLC
2. This limited liab	sility company was organized under the laws of:
	ζι DA
	SI_DR.
	ument/registration number of this limited liability company is:
109000	067373
4. I, JULIE	N BARBIER, hereby resign as a MGRM [Ame of Person Resigning) (Print Title)
·	•
	bility company and affirm the limited liability company has been notified of my
resignation in wi	<u> </u>
	All and the second seco
<u> </u>	
Signature of Res	igning Member, Waraging Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (5/06)