(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:			
L. SELLERS			
· NOV 1			

Office Use Only

EXAMINER



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10/11/11--01008--005 **25.00

11 NOV 10 PM 1: 42



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2011

YSATIS COTE 588 W. NEWBURY STREET CITRUS SPRINGS, FL 34464

SUBJECT: WENDY M. STARKS, LLC

Ref. Number: L10000054188

We have received your document for WENDY M. STARKS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

If our office has previously rejected your document, please submit the reject letter with the filing. If your check has already been cashed, please send in a copy front and back.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

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Letter Number: 711A00023660



TO: Registration Section Division of Corporations			
SUBJECT: Wendy Stocks, 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: SATIS COTÉ (Contact Person)	already sent \$25 check wil wrong rast form. Named the DBA		
(Firm/Company) 588 W. Newbury St. (Address) Citrus Springs Fl. 34464	instead of the LLC. Dease Process request Thanks, YSA		
(City/State and Zip Code) For further information concerning this matter, please call:	(954)593-7885		
. 1	593-7885 & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy			
Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2011

FAMILY MATTERS INSURANCE C/O YSATIS COTE 588 W NEWBURY ST CITRUS SPRINGS, FL 34434

02161160210014

Subject: FAMILY MATTERS INSURANCE

RE: 311A00023715

We have received your document for the above Fictitious Name Registration; however, the document has not been filed and is being returned for the following:

To notify this office that you are no longer transacting business under the above fictitious name registration, please complete Section 4 of the enclosed application. The fee to process the cancellation is \$50.00.

The balance due is \$25.(10-11-11-01008-005-\$25)

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Tyrone Scott Reinstatement Section Division of Corporations

Letter No. 311A00023715

(850)245-6905 80091-

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a	ppears on the records of t	the Florida Department
2. This limited liabil	ity company was organized un	der the laws of:	
3. The Florida docum	nent/registration number of thi 054188	s limited liability compar	ny is:
,	me of Person Resigning) lity company and affirm the lining.	, hereby resign as at	MGMC (Print Title) has been notified of my
USUIS M Signature of Resig	ning Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		₹.,

CR2E079 (5/06)

11 NOV 10 PH 1: 1.2 SECRETARY OF STATE