## L10000102320

•			
(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



300213496803

10/31/11--01011--004 \*\*25.00



J. BRYAN

NOV -1 2011.

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Anais Belly Dance & I	
(Name of Li	mited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Rafaella DeGracia	
(Contact Person)	
Anais Belly Dance & Fusions, L	LC
(Firm/Company)	
10300 Southside Blvd.	CT 3
(Address)	
Jacksonville, FL 32256	T31 PH 12: 58
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Rafaella DeGracia	_at (_904) 651-6636
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
<b>V</b> 023 1 mmg 1 00	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	<del></del>	of the Florida Department
of State is: Ana	ais Belly Dance & Fus	sions, LLC	•
	ility company was organized		
3. The Florida doct L10000102	ument/registration number of 2320	this limited liability comp	pany is:
4. I. Christina Kanhai		, hereby resign as a	Managing Member
	ame of Person Resigning)	, hereby resign as a	(Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
(Ke	inhai		
Signature of Resi	gning Member, Managing M	ember or Manager	• • • • • • • • • • • • • • • • • • • •
		•	OC TO SECOND
Filing Fee:	\$25.00 (Required)		H.C.
Certified Copy:	\$30.00 (Optional)		