

L1 0000123616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

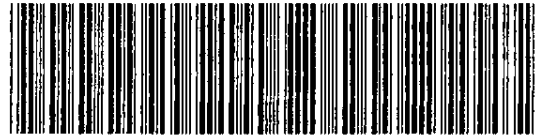
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

T. CLINE  
MAR 31 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2011

CHERYL CHRIST  
11209 DEAD RIVER ROAD  
TAVARES, FL 32778

SUBJECT: ABACO CARTWHEELS LLC  
Ref. Number: L10000123616

We have received your document for ABACO CARTWHEELS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is the wrong form. This form is not needed since you sent in the change of registered agent to change the registered agent.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 211A00006290

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Abaco Cartwheels 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:

Cheyl A. Christ  
(Contact Person)

Abaco Cartwheels LLC  
(Firm/Company)

11209 Dead River Road  
(Address)

TAUARES, FL 32778  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheyl A. Christ at (352) 253-0206  
(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

**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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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: Abaco Cart wheels 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:

L0000123616

4. I, Cheryl A. Christ, hereby resign as a MANAGING member  
(Print Name of Person Resigning) managing member Co  
~~Registered Agent~~ cc  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Cheryl A. Christ

Signature of Resigning Member, Managing Member or Manager

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

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