

L11000079486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

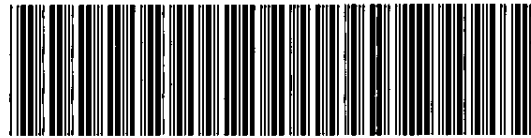
Special Instructions to Filing Officer:

A. LUNT

SEP 15 2011

EXAMINER

Office Use Only



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09/14/11--01011--019 **110.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 14 PM 12:57

FILED

THE TATE FIRM, PLLC
ATTORNEYS AND COUNSELORS AT LAW

September 12, 2011

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

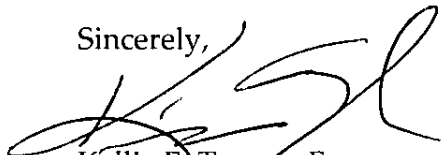
Re: Resignation of Registered Agent
Resignation of Managing Member

To Whom It May Concern;

Enclosed please find our client's Resignation of Registered Agent and Resignation of Managing Member along with our check number 095 in the amount of \$110.00 covering both filing fees.

Please record these documents pertaining to: **Auberge Des Artistes, LLC**. If anything else is needed, please let us know.

Sincerely,



Kellie E. Tomeo, Esq.
For The Firm

ORLANDO OFFICE:
1301 W. COLONIAL DRIVE
ORLANDO, FL 32801
TELEPHONE: (888)595-3828
FAX: (352) 275-5011

KEYSTONE HEIGHTS OFFICE:
POST OFFICE BOX 724
KEYSTONE HEIGHTS, FL 32656
TELEPHONE: (352)478-4555
FAX: (352) 275-5011

DESTIN OFFICE:
480 GULF SHORE DRIVE
DESTIN, FLORIDA 32541
TELEPHONE: (888)595-3828
FAX: (352) 275-5011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUBERGE DES ARTISTES, 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:

KELLIE TOMEO, ESQ.
(Contact Person)

THE TATE FIRM
(Firm/Company)

1301 W. COLONIAL DR.
(Address)

ORLANDO, FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

KELLIE TOMEO at (407) 781-2392
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: AUBERGE DES ARTISTES, 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:
L11000079486

4. I, CLARISSE DE SEREYS, hereby resign as a MGR
(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.

Signature of Resigning Member, Managing Member or Manager

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

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2011 SEP 14 PM 12:57
CLERK OF STATE
TALLAHASSEE, FLORIDA