

107000071877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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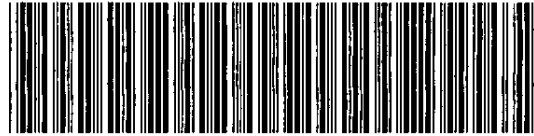
(Business Entity Name)

(Document Number)

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10/2/08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shabbat Shalom, Inc.

(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:

Simon Benayon

(Contact Person)

(Firm/Company)

3370 N.E. 190th St. Apt#2206

(Address)

Aventura, Fl. 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Simon Benayon

(Name of Contact Person)

at ( 305 ) 332-0129

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2008

SIMON BENAYON  
3370 NE 190TH STREET, APT. 2206  
AVENTURA, FL 33180

SUBJECT: SHABBAT SHALOM, INC  
Ref. Number: P07000071877

We have received your document for SHABBAT SHALOM, INC 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 108A00049946

RECEIVED  
2008 SEP 24 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shabbat Shalom, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07 0000 71877

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Simon Benayon  
(Name of Person)

Shabbat Shalom, Inc.  
(Name of Firm/Company)

1801 S. Treasure Dr.  
(Address)

North Bay Village, FL 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

Simon Benayon at (305) 332-0129  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.


**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Simon Benayon, hereby resign as V.P.  
(Title)  
of Shabbat Shalom, Inc.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Fl.

  
\_\_\_\_\_  
(Signature of resigning officer/director)

FILED  
08 SEP 30 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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