L10000074399

	(Requestor's Name)
	(Address)
	(Address)
· ,	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
- Certified Copies	Certificates of Status
Special Instruction	ons to Filing Officer:
	A LLINT

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PALLAHASSEE, FINAIL

A. LUNI

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EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: 2028 Harrison St. Cafe, L	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Linda Peppaceno	
(Contact Person)	題 JUL 23 PM 3: 2
(Firm/Company)	
12466 SW 9th Place	F STATE
(Address)	
(Mulicoo)	
Davie, Florida 33331	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Linda Peppaceno at	954 815-9626
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	in the
nder the laws of:	TATA JUL 23 SECRETARY NELAHASSE
is limited liability company is:	PH 9:
hereby resign as a MGRM	© 7 8
(Prin	nt Title)
imited liability company has been	notified of my
	is limited liability company is: , hereby resign as a MGRM

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional).