## L11000083382

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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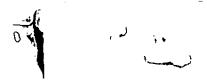
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tekila Bar, UC (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:
Mariana García
Fab Gonzakz Partners, LLC
20900 NE 30 <sup>th</sup> Ave # 827
Aventura FL 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
Mariana García at 786 3039335  (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 \$ Certified Copy
STREET/COURIER ADDRESS:  Registration Section  Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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

		•				
1. The name of the lost of State is:	limited liability com Tekila	pany as it ap Bar,	pears on the record	ls of the Flo	rida Dep	oartment
	lity company was or					
3. The Florida docu	ment/registration nu		limited liability co	mpany is:		
4. I, (Print Na			., hereby resign as a	a <u>M 6</u> (Pri	RM int Title)	·
of this limited liab resignation in writ	ility company and af ing.	ffirm the lim	ited liability compa	any has beer	1 notified	i of my
Signature of Resig	gning Member, Mana	aging Memb	er or Manager	:		
_	\$25.00 (Required) \$30.00 (Optional)	•				

CR2E079 (5/06)

MAUG-9 PM 4:15