

LD1000007316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

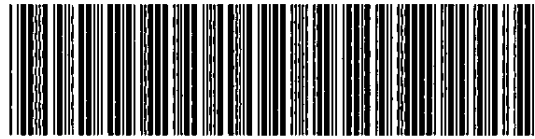
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900133693779

08/06/08--01019--015 **25.00

FILED
08 AUG -6 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 7 2008

EXAMINER

SUBJECT:

CYBR/CAFFE, LLC

Please return all correspondence concerning this matter to:

CHRISTIAN LUCCO

(Contact Person)

(Firm/Company)

18031 BISCAYNE BLVD #601

(Address)

AVENTURA, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTIAN LUCEO

(Name of Contact Person)

at (305) 804-7558

(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

FILED
08 AUG -6 PM 2:48
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: CYBR/CAFFE, L.L.C.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:

L010000007316

4. I, CHRISTIAN LUCCO, hereby resign as a MEMBER MANAGER
(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)

FILED
08 AUG -6 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA