

L03000022037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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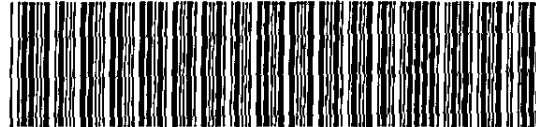
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Coffee House Network, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L03000022037

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel A. Rodriguez  
(Name of Person)

American Coffeehouse Network  
(Name of Firm/Company)

4400 North Federal Highway Suite 301  
(Address)

Boca Raton, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

M. Rodriguez at (561) 441-804  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.


**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Manuel A. Rodriguez, hereby resign as MANAGER  
(Title)  
of American Coffeehouse Network,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,  
and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
JUN 20 P 2 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA