

LO4 000064049

(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



000042141020

10/21/04 10:11:33 **PS,DD

FILED
OCT 21 2004
TALLAHASSEE, FLORIDA

LO4-64049
OK

November 27th, 2004

FLORIDA DEPARTMENT OF STATE

Division of Corporation
P.O. Box 6327
Tallahassee fl 32314

Dear Sir/Madam:

Attached please find a filled and signed form "**Resignation of Member, Managing Member or Manager**".

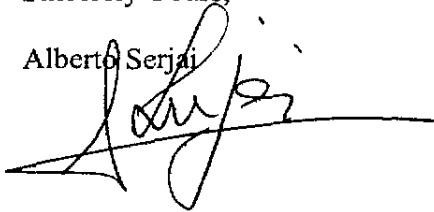
Please send the confirmation letter to the following address:

Alberto Serjai
1665 NW 79 Ave
Miami FL 33126

Any question you may have regarding this matter, please do not hesitate to contact me at 305-499-4994.

Sincerely Yours,

Alberto Serjai



RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

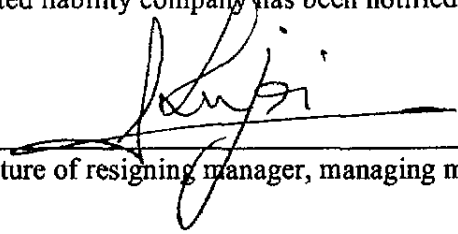
NOV 29 2004

FILED

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SERJAI, ALBERTO, hereby resign as MANAGER
(Title)
of COFFEEXPRESS LLC
(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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

06 OCT 29 09 11:31

FILED