## 65000044665

(Requestor's Name	<del>)</del>	
(Address)		
(Address)		
(Address)	<del></del>	
•		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
<del></del>		
(Business Entity Na	ame)	
(OAlimite	<del></del>	
(Document Number)		
Certified Copies Certificate	es of Status	
Special Instructions to Filing Officer:		
-,		
	ì	
	1	

Office Use Only



100060567161

J0/14/05--01035--020 \*\*25.08

ZEGNENARY OF STATE SALLANASSEE, FI ORIGINAL PH 1: 12

105 A44065

## **COVER LETTER**

Division of Corporations		
SUBJECT: LE CAFE LEYSIN, LLC (Name of Limited I	Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Me	mber or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
ANAND PALLEGAR		
(Name of Person)		
(Firm/Company)		
1509 64TH ST. CT. EAST		
(Address)		
BRADENTON, FL 34208		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, please	call:	
•••••J		
	941 320-3400 巨質 景	
(Name of Person)	941 320-3400 Area Code & Daytime Telephone Number Code & Daytime Telephone Number Code & Code	
	SSE T	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	Doce by B	
1 525 ruing Fee	\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, ANAND PALLEGAR	_, hereby resign as MANAGING MEMBER (Title)
of LE CAFE LEYSIN, LLC	· · · · · · · · · · · · · · · · · · ·
(Limited Liabili	(y Company)
a limited liability company organized under the lav	vs of the State of FLORIDA,
and affirm that the limited liability company has been notified in writing of the resignation.  Adam Adam Adam Adam Adam Adam Adam Adam	

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