L05000074073

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SECRETARY OF STATE ON VISION OF CORPORATIONS

J. BRYAN

MAR 1 2 2008

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: GGA Investments dba / Caffe Portofino (Name of Limited Liability Company)			
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for		
Please return all correspondence concerning this matter to):		
Orlando Arrazola	_		
(Contact Person)			
GGA Investments dba/ Caffe Portofine	0		
(Firm/Company)			
4695 SW 159th Court			
(Address)			
Miami, FI 33185	· 		
(City/State and Zip Code)			
For further information concerning this matter, please cal	l :		
Orlando Arrazola at (305	, 245-9222		
	le & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	he limited liability company as GGA Investments dba		•
	ability company was organized Florida, County of D		
3. The Florida d 	ocument/registration number of 074073	f this limited liability cor	npany is:
4. I. Orlando	Arrazola	, hereby resign as a	Manager
(Prin	nt Name of Person Resigning)	, , , , , , , , , , , , , , , , , , ,	(Print Title)
of this limited resignation in	liability company and affirm th writing.	e limited liability compa	ny has been notified of my
Dila	ndo Gerazali		
	esigning Member, Managing M		
Filing Fee:	\$25.00 (Required)) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1

SECRETARY OF STATE DIVISION OF CORPORATIONS

Certified Copy:

\$30.00 (Optional)