L05000095625

(Re	equestor's Name)	
·		
(Ac	ldress)	
(Ac	ldress)	
	ty/State/Zip/Phon	- #\
(Ci	ty/State/Zip/Pfiori	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS
OTFEB 13 PM 1:31

3. DAYS FEB 1 4 2007.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cane Group, LLC	
**************************************	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Ernesto Arguello	•
(Contact Person)	
Cane Group, LLC	07 FEB 13 PH 1: 3
(Firm/Company)	
4779 Collins Ave, #2107	PH
(Address)	
Miami Beach, FL 33140	<u>a</u>
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	ıt ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is: Cane Group, LLC	it appears on the records of the Flor	ida Department
2. This limited liability company was organized Florida	under the laws of:	DIVISION OF CORPORATIONS OF FEB 13 PH 1:31
3. The Florida document/registration number of L05000095625	this limited liability company is:	CORPORATIONS 3 PH 1:31
_{4. I.} Jackeline Dyer	, hereby resign as a MGRM	- 35
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affirm the resignation in writing. Signature of Resigning Member, Managing M		notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		