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J. SAULSBERRY EXAMINER

DFC 12 2012

COVER LETTER

Division of Corporations		
SUBJECT: Pasha's Mirco (Name of Limited L	le Mile LL C iability Company)	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted f	or
Please return all correspondence concerning this	matter to:	
Abigail Watts-Fitzg	erald	
Go Wei'ss Serota Hel	fman, et al. SECREI	ZBIZ DEC
2525 Ponce de Leon (Address)	secretary of state Blud, ste 700 Blud, ste 700 34	ZBIZ DEC 10 AM
Coral Gables FL 33/3 (City/State and Zip Code)	S4 ORIGINAL ORIGINA ORIGINAL ORIGINAL ORIGINAL ORIGINA ORIGINAL ORIGINAL ORIGINAL OR	<u></u>
For further information concerning this matter, pl	ease call:	
Abigail Watts-1772serald at (Name of Contact Person)	305 854 - 0800 Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	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	
ZOOT EXECUTIVE CENTER CIRCLE	Tallahassee, Florida 32314	

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 lim	ited liability c	ompany as it appe	ars on the reco	ords of the Flo	orida Depart	tment
of State is:	asha's	Miracle	Mile	240		·
2. This limited liability	y company was 1 He	s organized under	the laws of:		2812 DEC 10 SECRETARY TALLAHASSE	
	0002	5692	·	÷	AM 89 10 OF STATE E. FLORIDA	
4. I, / / l'col	as Cor	tes, h	ereby resign a	sa <u>Man</u>	rint Title)	
of this limited liabili- resignation in writin		d affirm the limite	d liability com	ipany has bee	en notified o	of my
70	1 /	t				
Signature of Resigni	ng Member, M	lanaging Member	or Manager			
Filing Fee: Certified Copy:	\$25.00 (Requi \$30.00 (Optio	,				