

LOG 000067193

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 MAY 27 AM 10:45

\$85.00

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CRES 6/29



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2009

CARLINE MAURICE  
PO BOX 160603  
POMPANO BEACH, FL 33061

SUBJECT: AROMA CAFE & LOUNGE, LLC  
Ref. Number: L06000067193

We have received your document for AROMA CAFE & LOUNGE, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PURSUANT TO OUR PHONE CONVERSATION, THE DOCUMENT HAS BEEN HELD IN THIS OFFICE AWAITING THE BALANCE OF THE FILING FEE. THE BALANCE DUE IS \$35.00. NOTHING MORE HAS BEEN RECEIVED. THE DOCUMENT IS BEING RETURNED.

The fee to resign as registered agent of an active limited liability company is \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 009A00014299

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AROMA CAFE & LOUNGE, LLC

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000067193

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carline Maurice

(Name of Person)

(Name of Firm/Company)

P.O. Box 610603

(Address)

Pompano Beach, FL 33061

(City/State and Zip Code)

For further information concerning this matter, please call:

Carline Maurice

(Name of Person)

at ( 954 ) 695-7100

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**CARLINE MAURICE**

(Name of Registered Agent)

Registered Agent for **AROMA CAFE & LOUNGE, LLC**

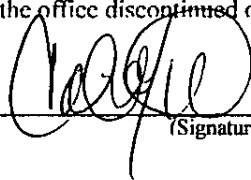
(Name of Limited Liability Company)

**L06000067193**

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 MAY 27 AM 10:47