1060000073394

(Requestor's Name)					
(Address)					
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COVER LETTER

TO:	<u> </u>					
	Divisio	on of Corporations				
SUBJ	ECT: _	ECT: "The Spot" Shisha Lounge & Cafe LLC. (Name of Limited Liability Company)				
The enfilling.		nember, managing membe	er or manager resignation and fee(s) are submitted for			
Please	e return a	Il correspondence concern	ing this matter to:			
Ber	je Mel	konian				
		(Contact Person)				
"The	Spot"	Shisha Lounge & 0	Cafe LLC			
		(Firm/Company)				
201	SE 1s	t Ave				
		(Address)				
Boca	a Rato	n, FL 33432				
		(City/State and Zip Code)				
For fu	ırther inf	ormation concerning this r	natter, please call:			
Ber	je Mel	konian	at (561) 347-6322			
	(Nar	ne of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclo	sed plea	se find a check made paya \$25 Filing Fee	ble to the Florida Department of State for: \$55 Filing Fee & Certified Copy			
		URIER ADDRESS:	MAILING ADDRESS:			
_	tration S		Registration Section			
		orporations	Division of Corporations P.O. Box 6327			
	n Buildi: Executiv	ng e Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
		lorida 32301	rananassee, Pionida 32314			

CR2E079 (5/06)



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 The Spot" Shisha Loun	• •	of the Florida Department
2. This limited li	ability company was organized	d under the laws of:	
3. The Florida do L060000	ocument/registration number o 70394	f this limited liability comp	any is:
_{4. I,} George	Melkonian	, hereby resign as a _r	manager
(Prin	nt Name of Person Resigning)		(Print Title)
of this limited resignation in	liability company and affirm thwriting.	ne limited liability company	has been notified of my
	esigning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		07 0 C

SECRETARY OF STATE DIVISION OF CORPORATIONS

Certified Copy:

\$30.00 (Optional)