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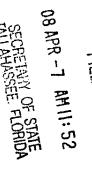
(Requestor's Name)					
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COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: GIGI'S CAFE OF PSJ, LLC						
(Name of Limited Liability Con	mpany)					
The enclosed member, managing member or manager resigning.	•					
Please return all correspondence concerning this matter to:	08 APR SECR TALLA					
KIMBERLY MAGGARD	HASE -					
(Contact Person)	08 APR -7 AM 11: 52 SECRETARY OF STATE FALLAHASSEE. FLORID					
(Firm/Company)	DE N					
5435 FLORIDA PALM AVENUE						
(Address)						
CANAVERAL GROVES, FL 32926 (City/State and Zip Code)	<u>-</u>					
For further information concerning this matter, please call:						
KIMBERLY MAGGARD at (321	302-1312					
(Name of Contact Person) (Area Code	& Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida L \$25 Filing Fee	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 lin of State is: GIGI	mited liability company as it ap	opears on the records	of the Florida De	partme
2. This limited liability FLORIDA	ty company was organized und	ler the laws of: 		~-7 AM 11:52 HASSEE FLORIDI
3. The Florida docum L060000751	nent/registration number of this 19	limited liability con	npany is:	7
4. I, KIMBERLY (Print Nam	MAGGARD ne of Person Resigning)	_, hereby resign as a	MEMBER/MA	ANAGER
of this limited liabil resignation in writing	ity company and affirm the lim	nited liability compa	ny has been notifie	d of my
Signature of Resign	KLY Magestu ing Member, Managing Memb	ner or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			