## 10000011543

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	#)		
		ŕ		
PICK-UP	☐ WAIT	MAIL		
(D.		-		
JEI)	isiness Entity Nam	ie)		
, <b>(</b> Dc	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer	<u> </u>		
Opecial instructions to	Tilling Officer.			
	Í			
		1		
	<u>.</u>			

Office Use Only



600095469816

04/03/07--01011--005 \*\*55.00

07 APR -3 ANTI: 22
SECRETARY OF STATE
TALL AHASSEF FLORIDS

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Mi BELLA Cu	IBA - Nica, LLC .imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
MARIANELA MANFUT	
(Contact Person)	
Mi BELLA CUBA-NICA,	
(Firm/Company)	APR
11364 QUAIL ROOST DRI	CRETARY LAHASSE
(Address)	TO B
Miami, FL 33157 (City/State and Zip Code)	YOF STATE PLORID
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
MARIANELA MANFUT	at (786)_357-2703
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$\sum_{\text{\$\text{\$\text{\$\text{\$\text{Filing Fee &}}}}}\$
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		f the Florida Department
	ility company was organized	d under the laws of:	07 APR -3 SECRETARY FALLAHASSE
3. The Florida docu	iment/registration number o	f this limited liability compa	AH II: 22
	ame of Person Kesigning)	, hereby resign as a	(Frint Title)
of this limited liab resignation in wri	oility company and affirm the	ne limited liability company	has been notified of my
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Luz D De Jesus-M My Commigrica B	

Experes October 98, 2008