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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                |  |
|--|--|
| SUBJECT: mybar, LLC (Name of Limited Liability Com                               | pany)  |
| The enclosed member, managing member or manager resign filing.                   | nation and fee(s) are submitted for  |
| Please return all correspondence concerning this matter to:                      |  |
| Richard L. Barbara, Esq.   |  |
| (Contact Person)   |  |
| Alvarez, Almazan & Barbara, LLP  | 2009 AI<br>SECR  |
| (Firm/Company)   | PR   |
| 2701 South Bayshore Drive, Suite 305   | 2009 APR 30 AM II: 2   |
| (Address)  | F STATI  |
| Miami, FL 33133 *  | ATE PRIDA  |
| (City/State and Zip Code)  |  |
| For further information concerning this matter, please call:                     |  |
|  | 263-7700<br>& Daytime Telephone Number)  |
| (Name of Contact Person) (Area Code 2  | & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Florida Do \$25 Filing Fee \$35 | epartment of State for:<br>55 Filing Fee &<br>Certified Copy   |
| Registration Section Division of Corporations Clifton Building                   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

| 1. The name of the line of State is: myba |  | opears on the records of the Flori | da Department                          |
|---|--|------------------------------------|--|
|   | ty company was organized und             | ler the laws of:                   | 2009 APR 30<br>SECRETARY<br>TALLAHASSI |
| 3. The Florida docum<br>L07000343         | nent/registration number of this         | limited liability company is:      | AM 11: 21<br>Y OF STATE<br>EE. FLORIDA |
| 4. I, Josef Pesta                         | ne of Person Resigning)                  | , hereby resign as a Member        | t Title)                               |
| •   | lity company and affirm the lin          | nited liability company has been   | notified of my                         |
| Signatore of Resign                       | ning Member, Managing Mem                | ber or Manager                     |  |
| Filing Fee: Certified Copy:               | \$25.90 (Required)<br>\$30.00 (Optional) |                                    |  |