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(Requestor's Name)							
(Address) (Address) (City/State/Zip/Phone #)							
						,	PICK-UP WAIT MAIL
						•	(Business Entity Name)
	(Document Number)						
(Certified Copies Certificates of Status						
	Special Instructions to Filing Officer:						
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SECRETARY OF STATE
SALLAHASSEEL FLORIDA

D. BRUCE

DEC - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HOFBRAUSHOP LLC (Name of Limited Liability Cor	mpany)	
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
NICOLE J. HUESMANN, ESQUIRE		
(Contact Person)	-	
NICOLE J. HUESMANN, P.A.	_,	
(Firm/Company)	OS SEC FALL	
150 ALHAMBRA CIRCLE, SUITE 1150	OEC Allas	T
(Address)	- 8 - 8 8 8 8 8 8 8 8 8 8 8 - 8 8 8 8 8 8 8 8 8 8 8 - 8 8 8 8 8 8 8 8 8 8 8 - 8 8 8 8 8 8 8 8 8 8 8 - 8 8 8 8 8 8 8 8 8 8 8 - 8 8 8 8 8 8 8 8 8 8 8 - 8 8 8 8 8 8 8 8 8 8 8	
CORAL GABLES, FLORIDA 33134	PH. FLC	ED
(City/State and Zip Code)	TATE OF ILE	
For further information concerning this matter, please call:	-	
NICOLE J. HUESMANN at (305	₎ 858-0220	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 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

		appears on the records of the Flori	da Depart	ment	
of State is: HO	FBRAUSHOP LLC			<u></u> .	
2. This limited liab Florida	ility company was organized u	under the laws of:	SECRETARY TALLAHASSE	8- 030 80	į
3. The Florida docu <u>L07000042</u>		his limited liability company is:	OF STATE E, FLORIDA	PH 12: 44	j
4. I, Unai Urtizt	perea .	, hereby resign as a Managei	r		
	ame of Person Resigning)	(Print Title)			
of this limited lial resignation in wri		limited liability company has been	notified o	f my	
Signature of Resi	gning Member, Managing Me	mber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				