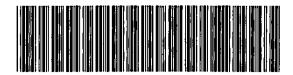
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| (Re | equestor's Name) | |
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COVER LETTER

| Division of Corporations | | |
|--|---|----------|
| SUBJECT: JRRS Gonzalez Invest (Name of Limited Liability C | muts LLC | |
| The enclosed member, managing member or manager resfiling. | ignation and fee(s) are submitted for | |
| Please return all correspondence concerning this matter to | o: | |
| Rogelio A. Gunzalez (Contact Person) | · | |
| Coper Cahana Grill (Firm/Company) | | |
| 1706 Fleetwood Lanc (Address) | _ | |
| | 2007 JU SECRE TALLAI | 9 |
| For further information concerning this matter, please cal | I: | entre in |
| Fr. Pierce, Fla 34982 (City/State and Zip Code) For further information concerning this matter, please cal Rosel.o A. Gonzelez at (772) (Name of Contact Person) (Area Code) Enclosed please find a check made payable to the Florida | de & Daytime Telephone Number) | ALC: |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$\int \text{S55 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 | |
| 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

Filing Fee: Certified Copy: \$25.00 (Required)

\$30.00 (Optional)