LD7000053697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS APR 2 9 2008
FYAMINER

Office Use Only



300124999993

04/25/08--01023--002 **55.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

IR APR 25 AND.

COVER LETTER

SUBJECT: 1874 STREET CAFE LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JEFFREY STEDNEWS (Contact Person)
18th STREET CARE 111
210 NE 1871 ST (Address)
MINUL FL 33132 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 37 9050 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

TO:

Registration Section
Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability comp			of the Floric	la Depa	rtment
2. This limited liab	ility company was org	ganized under	the laws of:			
L0700	ument/registration nun	•	·			
4.1, Manuel A	ITANA The Co	oner Muse h	nc 、 ereby resign as a	Manager (Print	Memb Tille)	sex.
	pility company and aff					
Manuel	dade re	poseting	The Corner Mi	use ,Inc.		
Signature of Resi	gning Member, Mana	ging Member	or Manager			
	\$25.00 (Required) \$30.00 (Optional)				Žis	20

CR2E079 (5/06)

000 APR 25 AM 10: 12
SECRETARY OF STATE