

JUN. 9. 2011 11:50AM
Division of CorporationsNO 1085 P 1/3
Page 1 of 1**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000153069 3)))



H110001530693ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Account Number : I20070000136
Phone : (305) 779-3564
Fax Number : (305) 779-3561

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:asanz@arhmf.com**LLC REGISTERED AGENT RESIGNATION
STORMANN'S COFFEE OPERATIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

RECEIVED

11 JUN -9 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN -9 AM 9:51

FILED

LA Resign[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

JUN. 9. 2011 11:50AM

NO. 1085 P. 2/3

H11000153069 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stormann's Coffee Operations, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000080035

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Sanz
Name of Person

Interamerican Corporate Services, LLC
Name of Firm/Company

2525 Ponce de Leon Blvd. Suite 1225
Address

Coral Gables, FL 33134
City/State and Zip Code

asanz@arhmf.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Sanz at (305) 779-3560
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H11000153069 3

JUN. 9. 2011 11:51AM

NO. 1085 P. 3/3

#11000153 069 3

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Interamerican Corporate Services, LLC, hereby resigns as
Name of Registered AgentRegistered Agent for Stormann's Coffee Operations, LLC

Name of Limited Liability Company

L07000080035

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name_____
Capacity**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

#11000153 069 3

FILED
JUN -9 AM 9:54
TALLAHASSEE, FLORIDA