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D. BRUCE

DEC -9 2008

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOFBRAU CATERING L (Name of Limited	LC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
NICOLE J. HUESMANN, ESQUIRE	=
(Contact Person)	
NICOLE J. HUESMANN, P.A.	08 D
(Firm/Company)	TAX.
150 ALHAMBRA CIRCLE, SUITE 1	150 - B
(Address)	2 2 2 2 2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4
CORAL GABLES, FLORIDA 33134	PH 12: 44
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
NICOLE J. HUESMANN	, 305 ₃ 858-0220
at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a brau Catering LLC	ppears on the records	s of the Flo	orida De _l	partm	nent
2. This limited liab	ility company was organized un	der the laws of:		SECRETARY O	8- 330 80	FILED
3. The Florida docs L07000093	ument/registration number of thi 3889	s limited liability con	npany is:	FSTATE FLORIDA	11 12 HB	D
4. I, Unai Urtiz	Oerea Tame of Person Resigning)	_, hereby resign as a	Manag	er		_
•	bility company and affirm the lir	nited liability compa	·	-	d of 1	my
Signature of Resi	gning Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					