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(Address)				
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE

J. BRYAN

AUG 1 6 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Native 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:
Jesse E Brown (Contact Person)
Native Cafe (Firm/Company)
45 A Via Dehuna Drive
Persacola Deach, Fl 32561 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (850) 934-4848 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 appears on the records of	the Florida Department
2. This limited liab	ility company was organiz	zed under the laws of:	
3. The Florida docu	iment/registration number	r of this limited liability compa	ny is:
4. I, Joyce Print No.	F. Brown ame of Person Resigning)	, hereby resign as a <u>tv</u>	araging member
resignation in wri		the limited liability company g Member or Manager	has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AUG 15 PI SECRETARY OF

CR2E079 (5/06)