

LOS000021958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

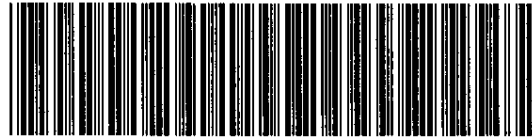
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800235684318

06/27/12--01005--001 **85.00

FILED
12 JUN 27 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 29 2012

DATE: JUNE 23rd, 2012
MIAMI

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAFE SCI SCI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 08000021958

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:

MATTEO INVERNIZZI
Name of Person

808 BRICKELL KEY DRIVE - SUITE 1207 -
Address

MIAMI, FL 33131
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS GASPARINI / Maurizio Maressi at (305) 381-4420
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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,

MATTEO INVERNIZZI

Name of Registered Agent

Registered Agent for CAFE SCI SCI, LLC

Name of Limited Liability Company

L 08000021958

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.

Matteo Invernizzi
Signature of Resigning Agent

DATE: JUNE 23rd, 2012
MIAMI

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

FILED
12 JUN 27 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA