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D. BRUCE

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EXAMINER

COVER LETTER

_	istration Section sion of Corporation	s			
SUBJECT:	CINNAMON	STICKS	CAFE	LLC	
		(Name of Limite	d Liability Con	npany)	
The enclose filing.	d member, managin	ng member or n	nanager resig	nation and fee(s) are su	bmitted for
Please retur	n all correspondence	e concerning th	is matter to:		
Kım	DILLON				
	(Contact Per	rson)		-	
CINA	AMON STICK	(S CAFE			4
	(Firm/Comp	pany)		ALL	99 90
202	U.S. Hw	1 4/		AHAS	09 MAY 21 AM II: 26 SEGRETARY OF STATE
	(Address))		SEE	2 - r
INVE	City/State and	_ 3445	0	, FLO	
	(City/State and	Zip Code)		SIDA	26
For further	information concerr	ning this matter	, please call:	_	
Kım	DILLON	;	at (352) 697-3175 & Daytime Telephone N	-
(1	Name of Contact Pers	on)	(Area Code	& Daytime Telephone N	umber)
Enclosed pl	ease find a check m			Department of State for: \$55 Filing Fee & Certified Copy	
	OURIER ADDRE	SS:		MAILING ADDRES	S:
Registration				Registration Section	
Clifton Bui	Corporations			Division of Corporation P.O. Box 6327	HIS
	itive Center Circle			Tallahassee, Florida 3	2314
	Florida 32301			a manusurvey a 1741MA C.	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability c	ompany as it ap	pears on the r	ecords of th	e Florida Dep	artment
of State is:	INVAMON	STICKS	CAFE	LLC		
2. This limited liab	ility company wa				SECRETARY CALLAHASSEE	
3. The Florida docu	ument/registration	number of this	limited liabili	ity company	AH II: 26 OF STATE E. FLORIDA	ĒD
4. I, RONAL (Print N	DE DIL	LON ning)	, hereby resig	n as a _ <i>m A</i>	(Print Title)	<u>nenber</u>
of this limited liab resignation in wri		nd affirm the lim	ited liability o	company has	s been notifie	d of my
- 1 Zooll	E Oll			_		
Signature of Resi	gning Member, N	Managing Memb	er or Manage	г		
Filing Fee:	· -	•				
Certified Copy:	\$30.00 (Option	nai)				