# 108000101967

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| •                                       |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Sasiness Enaily Name)                  |
| (Document Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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| ,                                       |
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|   |

Office Use Only

No #



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2008 DEC -1 PH 1: 47
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

DEC - 2 2008

EXAMINER

#### **COVER LETTER**

| TO: Registration Section                            |   |
|---|---|
| Division of Corporations                            |   |
| SUBJECT: Keys Paradise Cafe LLC                     |   |
| (Name of Limited                                    | Liability Company)  |
| The carelosed member, managing member or ma filing. | nager resignation and fee(s) are submitted for                    |
| Please return all correspondence concerning this    | matter to:  |
| Jacob Wright  |   |
| (Contact Person)                                    | <del></del>   |
| Keys Paradise Cafe LLC                              |   |
| (Firm/Company)                                      | Z000<br>TAL   |
| 1000 Eaton St                                       | DEC   |
| (Address)   | - I   |
| Key-West FI 33040                                   | 2008 DEC - 1 PM 1: 4-<br>SECRETARY OF STATE<br>ALLAHASSEE. FLORID |
| (City/State and Zip Code)                           | TATE CRIEF  |
| For further information concerning this matter, p   |   |
| Jacob Wright at                                     | , 321 <sub>)</sub> 750 1476                                       |
| (Name of Contact Person)                            | (Area Code & Daytime Telephone Number)                            |
| Enclosed please find a check made payable to th     | e Florida Department of State for: \$55 Filing Fee &              |
|   | Certified Copy  |
| STREET/COURIER ADDRESS:                             | MAILING ADDRESS:  |
| Registration Section                                | Registration Section  |
| Division of Corporations                            | Division of Corporations  |
| Clifton Building 2661 Executive Center Circle       | P.O. Box 6327   |
| 2661 Executive Center Circle                        | Tallahassee, Florida 32314  |

CR2E079 (5/06)

Tallahassee, Florida 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2008

JACOB WRIGHT 1000 EATON ST KEY WEST, FL 33040

SUBJECT: KEYS PARADISE CAFE L.L.C.

Ref. Number: L08000101967

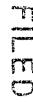
We have received your document for KEYS PARADISE CAFE L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 deve or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A00058082





### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|  | ited liability company as it ap<br>Paradise Cafe LLC | opears on the records o | f the Florid | a Depai   | rtment<br>    |
|--|--|-------------------------|--------------|-----------|---------------|
| 2. This limited liability Florida                  | company was organized und                            | er the laws of:         |              | TAL       | 200           |
| 3. The Florida docume<br>L0800010196               | nt/registration number of this                       | limited liability comp  | any is:      | CRETARY C | 2000 DEC -1 1 |
|  | of Person Resigning)                                 | , hereby resign as a N  | (Print'i     | 通品        | 1,7           |
| of this limited liabilit<br>resignation in writing | y company and affirm the lim                         | ited liability company  | has been n   | otified ( | of my         |
| Signature of Resigning                             | ng Member, Managing Memb                             | er or Manager           |              |           |               |
|  | \$25.00 (Required)<br>\$30.00 (Optional)             |                         |              | ٠         |               |