



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cafe Getaway, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000037468

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:

Tiffany Eberhart  
Name of Person

Cafe Getaway, LLC  
Name of Firm/Company

1724 Linwood Circle  
Address

Clearwater, Florida 33755  
City/State and Zip Code

thesmoothiegirl1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Eberhart at ( 727 ) 366-9365  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Donald Wilson**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **Cafe Getaway, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L09000037468**

\_\_\_\_\_  
Document Number, if known

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR - 3 PM 12:34

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.



\_\_\_\_\_  
Signature of Resigning Agent

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withdrawn limited liability company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**