1. 2090005a673

	(Requ	estor's Name))
•	(Addre	ess)	
 	(Addre	ess)	· <u>·</u>
	(City/S	State/Zip/Phon	e #)
. PIC	K-UP	WAIT	MAIL
	(Busin	ess Entity Na	me)
	(Docu	ment Number)
Certified Copies	•	Certificate	s of Status
Special Instruc	tions to Fili	na Officer:	



000158528660

07/27/09--01016--003 **80.00

A. LUNT

JUL 28 2009

EXAMINER

Office Use Only

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

SUBJECT: RALLOS CARIBBEAN KITCHEN LLC (Name of Limited Liability Company)	<u>-</u>
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	d for
Please return all correspondence concerning this matter to:	
MELECIA A PUSEY	
(Contact Person)	n n
RALLOS CARIBBEAN KITCHEN LLC	2 5
(Firm/Company)	RY C
2941 WEST SUNRISE BLVD)F S
(Address)	ME
FORT LAUDERDALE, FL 33311	>
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MELECIA PUSEY _{at (} 561 ₎ 201-3041	
(Name of Contact Person) (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 MAILING ADDRESS: Registration Section	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

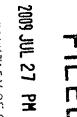
CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a .OS CARIBBEAN KIT		of the Flor	ida Dep	artment	
2. This limited liabilit	y company was organized ur	nder the laws of:	SECRETARY TALLAHASSE	2009 JUL 27	-	
3. The Florida document/registration number of thi L09000052673		is limited liability con 	OF STATE E. FLORIDA	PM 3: 50	•	
4. I, SHANIEL D MORGAN (Print Name of Person Resigning)		_, hereby resign as a Managing Member (Print Title)				
of this limited liabilities resignation in writing	ity company and affirm the ling.	imited liability compa	ny has been	notified	d of my	
Signature of Resign	ing Member, Managing Men	nber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					