L09000122518

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

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L. SELLERS

AUG - 8 2010

EXAMINER



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07/30/10--01022--009 **25.00

10 JUL 30 AH 10: 06
SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: XS CAFE LLC	
(Name of	Limited Liability Company)
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ing this matter to:
VALENTINO MACCARINI	
(Contact Person)	
STATE CAPITAL USA LLC	
(Firm/Company)	· ·
777 BRICKELL AVE SUITE 11	150
(Address)	
MIAMI, FL 33131	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
PATRIZIO COZZI	at (+39) 335 777 9215
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	le to the 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
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: XS CAFE LLC	appears on the records of the Florida Department
2. This limited liability company was organized u FLORIDA	nder the laws of:
3. The Florida document/registration number of the L09000122518	nis limited liability company is:
4. I, VALENTINO MACCARINI	, hereby resign as a MGR
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the l resignation in writing.	imited liability company has been notified of my
- Carel	<u>/</u>
Signature of Resigning Member, Managing Men	mber or Manager
organistic of realigning member, managing men	_

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional) SECRETARY OF STATE