## L10000009820

| (Requestor's Name)            |             |
|-------------------------------|-------------|
| (Áddress)                     |             |
| (Address)                     |             |
| (City/State/Zip/Phon          | e #)        |
| PICK-UP WAIT                  | MAIL        |
| (Business Entity Nar          | ne)         |
| (Document Number)             |             |
| Certified Copies Certificates | s of Status |

Special Instructions to Filing Officer:

A. LUNT

DEC 20 2010

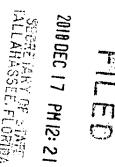
**EXAMINER** 

Office Use Only



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12/17/10--01004--010 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: Cyber Touch Internet Ca  | afe, LLC ed Liability Company)  |
| The enclosed member, managing member or rafiling.   | nanager resignation and fee(s) are submitted for  |
| Please return all correspondence concerning the   | nis matter to:  |
| Laurie Lilley Galluzzi  |   |
| (Contact Person)  | 2010 DEC 17<br>SECRE MASSI  |
| (Firm/Company)  | title.  |
| 5984 Pelham Drive   | PHI2: 2   |
| (Address)   |   |
| Port Orange, FL 32127   | Στ·   |
| (City/State and Zip Code)   |   |
| For further information concerning this matter  | , please call:  |
| Laurie Lilley Galluzzi  | at (386) 290-5815   |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to  √ \$25 Filing Fee   | the Florida Department of State for:  \$55 Filing Fee &  Certified Copy                                 |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301  |   |

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|  | imited liability company as it<br>er Touch Internet Cafe | <b>- -</b>                | of the Florida Department  |
|--|--|---------------------------|--|
| 2. This limited liabil Florida               | ity company was organized u                              | nder the laws of:         | 2010 DEC 17<br>SECRETARY<br>TALLAHASSE   |
| 3. The Florida docur                         | nent/registration number of the                          | nis limited liability com | PARTY OF STATE OF STA |
| 4. I, Joseph R. (                            | Galluzzi<br>me of Person Resigning)                      | , hereby resign as a _    | MGRM (Print Title)   |
| of this limited liabi<br>resignation in writ | lity company and affirm the ling.                        | imited liability compan   | y has been notified of my  |
| Signature of Resig                           | L. Hallysi (<br>ning Member, Managing Mer                | MGRM) mber or Manager     |  |
| Filing Fee:<br>Certified Copy:               | \$25.00 (Required)<br>\$30.00 (Optional)                 |                           |  |