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| Certified Copies | Certified Copies Certificates of Status | | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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D. BRUCE
MAY 17 2010
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|-----|
| SUBJECT: SUGAR'S CAFE LLC | | |
| (Name of Limited Liability | y Company) | |
| The enclosed member, managing member or manager if filing. | resignation and fee(s) are submitted for | |
| Please return all correspondence concerning this matter | r to: | |
| EVELYN ROSARIO | | |
| (Contact Person) | | |
| SUGAR'S CAFE LLC | | |
| (Firm/Company) | 10 | |
| 5008 WLINEBAUGH AVE STE 20 | MAY ARA | Ĭ |
| (Address) | SSER SSER | #£u |
| TAMPA, FL 33624 | Y PH 1: 47 | |
| (City/State and Zip Code) | TATE ORIE | کزر |
| For further information concerning this matter, please of | | |
| EVELYN ROSARIO at (813 | 3) 963-6980 | |
| (Name of Contact Person) (Area C | Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Flori | da Department of State for: \$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

| | limited liability company as GAR'S CAFE LLC | it appears on the records | of the Flor | rida Dej | oarteo | ent _· '" |
|----------------------------------|---|----------------------------|-------------|---------------------------------|-------------|--------------|
| 2. This limited liab FLORIDA | ility company was organized | under the laws of: | | TARY OF STATE ASSEE, FLORIDA | 114 PH 1:47 | |
| 3. The Florida docu L10000025 | ument/registration number of 5884 | this limited liability con | npany is: | | | |
| 4. I, NIEVES R | AFY, RAFAEL | , hereby resign as a | MGRM | | | _ |
| (Print N | ame of Person Resigning) | | (Pri | nt Title) | | |
| resignation in wr | bility company and affirm the iting. | e limited liability compar | ny has beer | notifie | d of n | ıy |
| Signature of Resi | gning Member, Managing M | lember or Manager | | | | |
| Filing Fee: | \$25.00 (Required) | | | | | |
| | \$30.00 (Optional) | | | | | |