## L11000038641

(Re	equestor's Name)			
(Ac	ddress)			
(Āc	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
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D. BRUCE
MAR 1 9 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Codoferman, LLC DB4 (Name of Limited Liability Company)	Nixi's Cafe
The enclosed member, managing member or manager resignation and fee(s) are filing.	submitted for
Please return all correspondence concerning this matter to:	
Berezniki C. Fermin (Contact Person)	
Godofermar LLC DBA Niki's Cafe (Firm/Company)	12 HA
1545 Mira Vista Circle	HAR 16 PM 12: 08
Weston FL 33327	ME: 08 FLORIB
(City/State and Zip Code)	<b>&gt;</b>
For further information concerning this matter, please call:	
Berezniki Fermin at 954 661. 2108  (Name of Contact Person) (Area Code & Daytime Telephone	e Number)
Enclosed please find a check made payable to the Florida Department of State for the Florida Departmen	or:
STREET/COURIER ADDRESS: MAILING ADDRI	ESS:

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

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

	limited liability company as it odoferman, L		f the Florida Dep	artme	nt -
	ility company was organized u	nder the laws of:			
1 .	nment/registration number of th	nis limited liability comp	any is:		
4. I, Belezi	niki C Fermin ame of Person Resigning)	, hereby resign as a	MGRH (Print Title)		-
of this limited lial resignation in wri	oility company and affirm the l	imited liability company		52 MAR 16 74 12: 08	y FILED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Bir A	œ	