L11000038303

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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2012 MAR -9 AM II: 47
SECRETARY OF STATE

J. BRYAN

MAR 12 2012

EXAMINER

COVER LETTER

| Division of Corporations | | |
|---|---|--|
| SUBJECT: MI FAMILIA CAFE, | LLC Liability Company) | |
| | | |
| The enclosed member, managing member or matiling. | nnager resignation and fee(s) are submitted for | |
| Please return all correspondence concerning thi | s matter to: | |
| MYRNA ABREU | | |
| (Contact Person) | 78. | |
| MYRNATAX, CORPORATIO | 2012 HAR -9 AM 11: 48 SECRETARY OF STATE TALLAHASSEE, FLORIO | |
| (Firm/Company) | ASS. | |
| 3985 N.W. 191ST. TERRA | Engre 3 | |
| (Address) | DATE TO | |
| MIAMI GARDENS, FL. 33055 | DA DE | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, | please call: | |
| MYRNA ABREU | 786 346-6560 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to t | ne Florida Department of State for: \$\sqrt{1}\\$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | |
| 2661 Evocutive Center Circle | Tallahasson, Florida 32314 | |

CR2L079 (5/06)

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 appears on the records of the Florida Department |
|--|--|
| of State is: | MI FAMILIA CAFE LLC |
| | ility company was organized under the laws of: FLORIDA Iment/registration number of this limited liability company is: |
| | iment/registration number of this limited liability company is: |
| 4. I. FRANK DI | AZ==========, hereby resign as a Member/Manager ame of Person Resigning) (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| Signature of Res | gning Member, Managing Member or Manager |
| Filing Fee: | \$25.00 (Required) |
| | \$30.00 (Optional) |