2110000058282

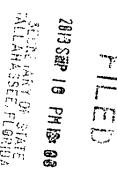
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
SEP 1 3 2013					
A. LUNT					

Office Use Only



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09/10/13--01008--006 **30.00



COVER LETTER

(Name of Limited Liability Company)

TO: Registration Section
Division of Corporations

SUBJECT: La Ley Cafe LLC

The enclosed member, managing member or manager resignation and fee(s) are submitted for

filing.

Please return all correspondence concerning this matter to:

Mayra Ruiz (Contact Person)				
(Firm/Company)				
4182 SW 74th Court				
(Address)				
Miami, FL 33155				
(City/State and Zip Code)				

2013 SEP 18 PH IN BE

For further information concerning this matter, please call:

Mayra Ruiz

ູ 305

8786788

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

■ \$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

The name of the limited liability compare of State is: La Ley Cafe LLC	ny as it appears on the records of the Florida Dep	oartment
2. This limited liability company was organ Florida	nized under the laws of:	2913 529 16
3. The Florida document/registration numb		PH 189 98
4. I. John H. Ruiz	, hereby resign as a Manager	
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affir resignation in writing.	rm the limited liability company has been notifie	d of my
Signature of Resigning Member, Managi	ing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

2. This limited liability company was organized under the laws of: Florida 3. The Florida document/registration number of this limited liability company is: L11000058282 4. I. John H. Ruiz (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member. Managing Member or Manager Filing Fee: \$25.00 (Required) Cartified Conv. \$30.00 (Optional)	1. The name of the of State is: Lal	limited liability company as it appears on the records of Ley Cafe LLC	the Florid	da Depa	irtment
4. I. John H. Ruiz , hereby resign as a Manager (Print Name of Person Resigning) (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member. Managing Member or Manager Filing Fee: \$25.00 (Required)		ility company was organized under the laws of:		SEUM WAT	
(Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member. Managing Member or Manager Filing Fee: \$25.00 (Required)	L110000582	82	ny is:	Y OF STATE	TO THE
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member. Managing Member or Manager Filing Fee: \$25.00 (Required)	4. I. John H. Ru	uiz, hereby resign as a Ma			
Signature of Resigning Member. Managing Member or Manager Filing Fee: \$25.00 (Required)	(Print No	ame of Person Resigning)	(Prin	t Title)	
Filing Fee: \$25.00 (Required)		· /· ·	ias been	notified	ofmy
	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			