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Office Use Only



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12 HAY 18 PM 1: 29
SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

C. LEWIS

MAY 2 1 2012

EXAMINER

COVER LETTER

SUBJECT: Cope Cofe LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Eric Chelly (Contag Person)	
Crepe Cafe LLC (Firm/Company)	
123 NE 25 TH AVE # 15	
DEERFIELD BEACH, FL 33441 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (954) 822 8732 (Area Code & Daytime Telephone Number)	
(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 \$ Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED: 12 MAY 18 PM 1: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 repe Cafe, LLC.
	ility company was organized under the laws of: USA
	ument/registration number of this limited liability company is: OO 99183
4. I, <u>Juliya</u>	Baranni kov , hereby resign as a MGR M Jame 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
	\$25.00 (Required) \$30.00 (Optional)