L11000101474

(Requestor's Name)		
(Åddress)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Office Use Only	ل	

 $\mathbf{r}$ 

ڊ



02/23/12--01007--003 \*\*25.00

FILED 12 FEB 23 PH 1: 39

N. CUMBON FEB 2 4 2012

## **COVER LETTER**

**n**í

TO: Registration Section Division of Corporations

## SUBJECT: Below Cero Bistro 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:

Fabian Di Paolo

(Contact Person)

Below Cero LLC

(Firm/Company)

19380 Collins Ave #918

(Address)

Sunny Isles Beach, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Fabian Di Paolo	at ( 786 ) 302-6653
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	o the Florida 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:02:Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED 12 FEB 23 PH 1: 39 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

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Below Cero Bistro, LLC
- 2. This limited liability company was organized under the laws of: Florida
- 3. The Florida document/registration number of this limited liability company is: L11000101474
- 4. I, Below Cero, LLC

\_\_\_\_\_, hereby resign as a <u>MGRM</u>

(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

(Print Name of Person Resigning)

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (5/06)