11000114376

(F	Requestor's Name)				
(<i>p</i>	Address)				
(<i>F</i>	Address)				
. (0	City/State/Zip/Phone#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(0	Document Number)				
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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ECRETARY OF STATE

12 JUN - I PM 5 88

COVER LETTER

TO: Registration Division of	Section Corporations	
SUBJECT: Hic	den TReasur (Name of Limited	Internet Cafe, LL
The enclosed memb	per, managing member or m	anager resignation and fee(s) are submitted for
Please return all con	rrespondence concerning th	is matter to:
_Mar	K Ayres (Contact Person)	
Hidden -	(Firm/Company)	Internet Cafe, LLC
3781	Biach Mount	ain Road
Port	ORange FI (City/State and Zip/Code)	32129
For further informa	tion concerning this matter,	please call:
Sylvia (Name of	Aures a Contact Person)	(Area Code & Daytime Telephone Number)
	d a check made payable to t 25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle	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

•	imited liability company as		_	epartment	
	lity company was organized				
	ment/registration number of	this limited liability com	ipany is:		
<u> </u>	0114376	<u> </u>			
4. I, Sylvi (Perint No.	a Ayres ume of Person Resigning)	, hereby resign as a	Managir (Print Title	nemb) +
of this limited liab resignation in writ	ility company and affirm th	e limited liability compar	ıy has been notif	fied of my	
Signature of Resig	gning Member Managing M	lember or Manager			
Filing Fee:	\$25.00 (Required)		12 SEI TAL		
Certified Copy:	\$30.00 (Optional)		JUN - CRETA	AP-MINES :	
			1 PM RY OF SSEE,		
		: ` ,	1140	# 1	

CR2E079 (5/06)