

L12000030924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

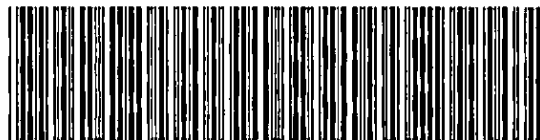
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100312767761

05/04/18--01017--007 \*\*25.00

2018 MAY -4 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**WATSON & ASOCIATES, P.A.**

JOHN A. WATSON

2501 East Commercial Boulevard, Suite 200  
Fort Lauderdale, Florida 33308  
Telephone (954) 289-5990  
Facsimile (954) 337-2722  
Cell (954) 803-7515  
jwatson@johnwatsonlaw.com

**PLEASE REPLY TO:**  
P. O. Box 11066  
Fort Lauderdale, Florida 33339

May 2, 2018

Via Fedex  
Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Resignation of Members - Our File No. 1120.00

Dear Sir/Madam

Please find attached Resignation of Member forms and checks for \$25 each, for Colada Cuban Cafe LLC, and Colada Flagler Village, LLC.

Thank you for your attention to this matter. If you have any questions with regards to the foregoing, please do not hesitate to contact me.

Sincerely,



JOHN A. WATSON  
For the Firm

JAW:tag  
Enclosure

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLADA CUBAN CAFE LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John A. Watson, Esq.

(Contact Person)

Law Office of John A. Watson

(Firm/Company)

P.O. Box 11066

(Address)

Fort Lauderdale, Florida 33339-1066

(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Watson

(Name of Contact Person)

at ( 954 ) 803-7515

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: COLADA CUBAN CAFE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000030924

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/2018

4. I, Ryan C. Campbell aka Ryan C. Lavernia, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member-Manager and CEO

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

2018 MAY -9 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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