42000069024

(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	
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Office Usè Only



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C.M. 9.214

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cafe Mistral, 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:
Philippe Falca
(Contact Person)
Cafe Mistral, LLC.
(Firm/Company)
110 Washington Ave CU-6
(Address)
Miami Beach, Fl. 33139
(City/State and Zip Code)
For further information concerning this matter, please call:
Ernesto Rodriguez 305 321-3589
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \frac{1}{2

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314







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 of State is: Cafe Mistral, LLC.	as it appears on the records of the Florida Department
2. The Florida document/registration number L12000069024	assigned to this limited liability company is:
3. The date this member/manager withdrew/r	resigned or will withdraw/resign is:
David Simkins	, hereby withdraw/resign as a
(Print Name of Person Resigning) Member Manager	•
(Print Title)	•
resignation in writing.	the limited liability company has been notified of my
Jan July	
Signature of Pissociating Member or Res	signing Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)