L13000161453

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



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MAR 12 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: M&M'S CAFE CAFETERIA 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:

MARVIS RAMIREZ

(Contact Person)

M&M'S CAFE CAFETERIA LLC

(Firm/Company)

2533 OLD VINELAND RD

(Address)

KISSIMMEE, FL 34746

(City/State and Zip Code)

For further information concerning this matter, please call:

MARVIS RAMIREZ

..407

414-4886

(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

□ \$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

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	it appears on the records of t	he Florida Department	
2. The Florida doc L130001614	•	f this limited liability compan	y is:	
3. The date this me	ember withdrew or will with	draw is: 1		
4. I, ALEXANDI	ER CRUZ	, hereby resign as a MC	BE .	
(Print Name of Person Resigning)		,,	(Print Title)	
of this limited lia resignation in wr		e limited liability company ha	as been notified of my	
A				
Signature of R	esigning or Dissociating Ma	nager, Member		
_	\$25.00 (Required) \$30.00 (Optional)		2014 P	

CR2E079 (12/13)

SECRETARY OF STAFE