14000011407

(Req	uestor's Name)			
(Add	ress)			
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nge Risignation

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SOSTA CAFFE 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:			
CHAHIR GERAIGIRI			
(Contact Person)			
SOSTA CAFFE LLC			
(Firm/Company)			
10800 PINES BLVD., #5			
(Address)			
PEMBROKE PINES, FL 33026			
(City/State and Zip Code)			
For further information concerning this matter, please call:	(a)	7	
CHAHIR GERAIGIRI 305 7728077	9=- }(di 777 777 127 777	14 AUG 2	
(Name of Contact Person) (Area Code & Daytime Telephone Numb	oer)		
Enclosed please find a check made payable to the Florida Department of State for:	ئىرى ئىش	70	
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		3:54	i and

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



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	s it appears on the records of the Florid	a Department
of State is: SOS	STA CAFFE LLC		·
2. The Florida doci	ument/registration number a	ssigned to this limited liability compar	ıy is:
L1400001140	7	·	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	1/2014
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a	三年 二
OPERATING	MANAGER		NUG 2
.	(Print Title)		
resignation in wr		ne limited liability company has been n	otified of my
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		