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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates	s of Status					
Special Instructions to Filing Officer:						
	ress) /State/Zip/Phone WAIT iness Entity Narr cument Number)					

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SECRETARY OF STATE
AND AHASSEE, FLORID!



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Decas Samins Cafe UC (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:					
Baris McKey (Contact Person)					
reggau Jammins Cafe LLC (Firm/Company)					
1334 SW Bayspare BIVC) (Address)					
Port St. Lucie, 71 34953 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (454) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\omega\$ \$\frac{1}{2}\$ \frac{1}{2}\$ Filing Fee & Certified Copy					

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 liab	ility company as it ap	pears on the	e records of the Florida Department
of State is:	<u>κέ</u> άνε	Limmins	Cafe	uc
2. The Florida docu	ument/regist	ration number assign	ed to this li	mited liability company is:
L1400	Fa10	375	<u>-</u> ·	
3. The date this me	mber/manag	ger withdrew/resigned	d or will wit	thdraw/resign is: 1-1-15
4. I, Jerman	ne Mo Jame of Person	Resigning)	_, hereby wi	thdraw/resign as a
_Mana	(Print Title)	·		
of this limited lia resignation in wr	•	ny and affirm the lin	nited liabilit	y company has been notified of my
5 MS	= Kay	Member or Resigning	:	
Signature of Di	issociating N	dember or Resigning	Manager	<u>Σ</u> σ
				LECRI LAI
Filing Fee: Certified Copy:				HAS
cerunea copy.) 00.0ct	Optional)		<u>S</u> ₹