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12/23/16--01014--013 \*\*25.00



## **COVER LETTER**

Division of Corporations				
SUBJECT: The Coffee Experience, LLC				
(Name of Limit	ed Liability Co	ompany)		
The enclosed member, resignation or dissocia	tion and fee(	(s) are submitted for filing.		
Please return all correspondence concerning to	his matter to	:		
Seth Z. Joseph				
(Contact Person)		···		
Seth Z. Joseph, P.A.				
(Firm/Company)		_		
255 Alhambra Circle, #1250				
(Address)		<del></del>		
Coral Gables, FL 33134				
(City/State and Zip Code)	<del></del>	<del></del>		
For further information concerning this matter, please call:				
Seth Z. Joseph	305	445-5383		
(Name of Contact Person)		e & Daytime Telephone Number)		
Enclosed please find a check made payable to  \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



## 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 th	e Florida Department
of State is:	Coffee Experience, LLC		
2. The Florida doc L1500003852		ssigned to this limited liability	company is:
	•	signed or will withdraw/resign i	
(Print N	lame of Person Resigning)	, hereby withdraw/resign	as a FISIA DO
	(Print Title)	•	
of this limited lia resignation in wr		ne limited liability company has	s been notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		