## L15000080689

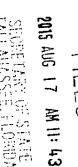
| (Re                     | equestor's Name)   |             |
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| (Ad                     | dress)             | _           |
| (Cit                    | ty/State/Zip/Phone | ∋ #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
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Office Use Only



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08/17/15--01040--012 \*\*25.00



## **COVER LETTER**

| TO:       | Registration Section Division of Corporations   |
|-----------|---|
| SUBJE     | CCT: Alyona's Coffee Company, LLC Name of Limited Liability Company   |
| Dear Si   | r or Madam:   |
| The en    | closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.   |
| Please    | return all correspondence concerning this matter to the following:  |
| <u>Se</u> | Name of Person  |
| Aly       | rona's Coffee Company, LLC Firm/Company   |
| 501       | 30 Big Island Dr. #305 Address  |
| Ja        | City/State and Zip Code   |
| E         | -mail address: (to be used for future annual report notification)   |
| For fur   | ther information concerning this matter, please call:   |
| Serg      | Name of Person at (509) 499-5024  Area Code & Daytime Telephone Number  |
|           | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 |

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:



FILED
2015 AUG 17 AM II: 43
SECRETARY OF STATE
TALLAHASSIE, FLORIDA

## 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 liabi                       | lity company as it appears on the records of the Florida Department |
|--|---|
| of State is: Alyona's                                  | 5 Coffee Company, LLC   |
| 2. The Florida document/registr                        | ration number assigned to this limited liability company is:        |
| L150000806   |   |
| 3. The date this member/manag                          | er withdrew/resigned or will withdraw/resign is: 08/10/20/5         |
|  | hmskiy, hereby withdraw/resign as a                                 |
| Member (Print Title)                                   | ·   |
| of this limited liability comparesignation in writing. | ny and affirm the limited liability company has been notified of my |
|  |   |
| Signature of Dissociating M                            | lember or Resigning Manager   |
| Filing Fee: \$25.00 (I                                 | Required)   |

Certified Copy:

\$30.00 (Optional)