

L15000205964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

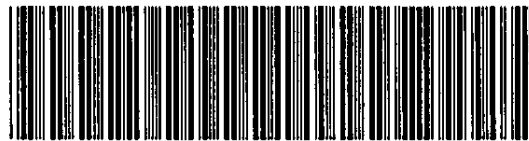
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000309006900

02/13/18--01017--023 \*\*25.00

FILED  
18 FEB 13 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN  
FEB 15 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cafe Alfredo, 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:

Alfredo Bajraktarevic

(Contact Person)

Cafe Alfredo, LLC

(Firm/Company)

2359 Vanderbilt Beach Road, Suite 416

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Alfredo Bajraktarevic

at 239 431-8605

(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



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 it appears on the records of the Florida Department of State is: Cafe Alfredo, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000205964
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec. 31, 2017
4. I, Christina M. F. Bajraktarevic, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Authorized Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Christina M. F. Bajraktarevic", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
18 FEB 13 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA