# L14 006619724

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(CII	.y/State/Zip/Pfion	= # <i>1</i>		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## (813) 272-2848 coverletter shavon

TO: Registration Section
Division of Corporations

SUBJECT:	ADRIATIC CAFE, LLC			
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return	all correspondence concerning to	his matter to:		
DARINA TA	LANGA			
	(Contact Person)			
1925 DOLF	PHIN DRIVE			
	(Firm/Company)			
1925 DOLF	PHIN DRIVE			
	(Address)			
BELLEAIR	BLUFFS, FL 33770			
	(City/State and Zip Code)	<del>,</del>		
For further information concerning this matter, please call:				
DARINA TA	LANGA	727 at ()	365-1326	
(Na	ame of Contact Person)	(Area Code &	Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\bigset\$ \$25 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

Registration Section Division of Corporations P.O. Box 6327 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 it a	appears on the records of the Florida Department
of State is:ADRIATIC CAFE, LLC	·
2. The Florida document/registration number assig L16000019724	ned to this limited liability company is:
3. The date this member/manager withdrew/resign	ed or will withdraw/resign is:
4. I, IVAN TALANGA	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
MGRM	
(Print Title)	ASS 1
of this limited liability company and affirm the li	imited liability company has been notified of my
of this limited liability company and affirm the li	MR 21 HASSE
Gentle .	
Signature of Dissociating Member or Resignin	g Manager ORIDA
Filing Fee: \$25.00 (Required)	

Certified Copy: \$30.00 (Optional)