190000 4001

| (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: |
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| , |

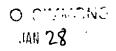
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---------------------|---|
| SUBJECT: DE CACHE PR LLC | | |
| (Name of Lin | nited Liability Cor | npany) |
| The enclosed member, resignation or dissoc | iation and fee(s | s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: | |
| FRANCISCO TORRES | | |
| (Contact Person) | | - |
| DE CACHE PR LLC | | |
| (Firm/Company) | _ | _ |
| 1705 JOHNSON STREET #C | | _ |
| (Address) | | |
| HOLLYWOOD FL 33020 | | _ |
| (City/State and Zip Code) | | |
| For further information concerning this mat | ter, please call: | |
| FRANCISCO TORRES | 786 at (| 326-9032 |
| (Name of Contact Person) | (Area Cod | e & Daytime Telephone Number) |
| Enclosed please find a check made payable ■ \$25 Filing Fee | | Department of State for: g 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 |

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)

| | SE SE |
|---------------------------------|---|
| | ne limited liability company as it appears on the records of the Florida Department |
| of State is: | CACHE PR LLC |
| 2. The Florida do L190000040 | ocument/registration number assigned to this limited liability company is: |
| 3. The date this r | member/manager withdrew/resigned or will withdraw/resign is: |
| T 4 6 4 4 10 4 7 | |
| (Prin | t Name of Person Resigning) |
| MGR | |
| | (Print Title) |
| of this limited resignation in | liability company and affirm the limited liability company has been notified of my writing. |
| Signature of | Dissociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |

Certified Copy:

\$30.00 (Optional)