L21000168111

(Re	questor's Name)				
(Requestor's Name)					
(Address)					
(Ad	aress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
		·			
NCK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
	_				
					
Special Instructions to	Filing Officer:				





400365298874

05/05/21--01006--028 **25.00





COVER LETTER

_	stration Section		
Divi	sion of Corporations		
SUBJECT:	Cafe Terra LLC		
	(Name of	Limited Liability Co	ompany)
The enclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to	:
Leonardo A R	eyes		
	(Contact Person)		_
Cafe Terra LL	С		
	(Firm/Company)		_
1620 Anna Ca	therine Drive		
	(Address)		
Orlando, Flori	da 32828		
	(City/State and Zip Code)		_
For further i	nformation concerning this r	natter, please call	:
Leonardo A R	eyes	321 at (2177420
4)	Name of Contact Person)		le & Daytime Telephone Number)
Enclosed ple	ease find a check made payal	ole to the Florida	Department of State for:
■ \$25 Filin	g Fee	□ \$55 Filir	ng Fee & Certified Copy
	ng Address:		Street Address:
•	stration Section	•	Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	shassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



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 of State is:	limited liability company as	it appears on the records of	of the Florida Department	
2. The Florida docu L21000168111	ument/registration number as	signed to this limited liab	ility company is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/res	04/24/2021 lign is:	
4. I, Leonardo A Reyes , h		, hereby withdraw/res	_, hereby withdraw/resign as a	
Manager				
1	(Print Title)			
of this limited lial resignation in wr	bility company and affirm the	e limited liability company	y has been notified of my	
Signature of Di	ssociating Member or Resign	ning Manager	2021 H	
/Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2021 HAY -5 AH 2: 58	