L1100139394

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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OCT 1 G 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tequittlay Wexican Restaurant & Tequinal (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jose W-Oct (2 (Contact Person)
Tequittan Mexican Restaurant.
8306 Wills Drive Suite 576.
Weaut Fl 33(83. (City/State and Zip Code)
For further information concerning this matter, please call:
Jose W. Outiz at (305) 490-916 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

ALLAHASSEE STORIOR

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

l. The name of the	limited liability company as it a	ppears on the records of the Florida Department
of State is: Teg	Wittlan Mexican	Restaurant and Tequila Ba
	ility company was organized un	
_	ument/registration number of thi	
4. I, Marlen	y Ovt(2 ame of Person Resigning)	_, hereby resign as a Wally Member. (Print Title)
of this limited liab resignation in wri	oility company and affirm the lii	nited liability company has been notified of my
example	w Oto:	
Signature of Resi	ghing Member, Managing Mem	ber or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	