

W03000004313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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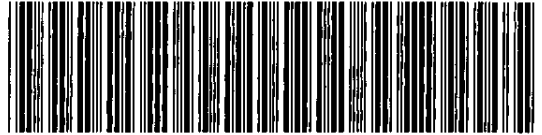
(Business Entity Name)

(Document Number)

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M. THOMAS

DEC 19 2008

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ike's Pizza of Ft. Myers, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L03000004313

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Tipson  
(Name of Person)

Burr & Forman LLP  
(Name of Firm/Company)

171 17th Street, NW, Suite 1100  
(Address)

Atlanta, GA 30363  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Tipson at ( 404 ) 685-4327  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Philip Newkirk, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Ike's Pizza of Ft. Myers, LLC  
(Name of Limited Liability Company)

L03000004313  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\* Philip Newkirk  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Philip Newkirk  
(Typed or Printed Name)

\* Member  
(Capacity)

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TALLAHASSEE FLORIDA  
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**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314