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(Ře	equestor's Name)	· · · ·
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DIVISION OF THE STATE OF THE ST



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Duval Restaurant Grou	p, LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Mana	aging Member or Manager and fee(s) are submitted for t	filing.
Please return all correspondence concerning	this matter to the following:	
John W. Swann (Name of Person)		
		2000
(Firm/Company) 305 Lincoln Ave		12 HVF 900
St. Michaels, MD 21663		AM 2: 52
(City/State and Zip Code) For further information concerning this matt	er, please call:	2
John W. Swann (Name of Person)	at (410) 924-2817 (Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amount	unt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, John W. Swann	, hereby resign as Managing Member (Title)	
of Duval Restaurant Group (Limited Liabili	ity Company)	,
a limited liability company organized under the law		و
(Signature of resigning manager,	managing member or member)	O 40 NOISIAIO EVI 120 Je

FILING FEE IS \$25.00

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