L03000039041

(Requestor's Name)				
(Address)				
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(1441555)				
(City/State/Zip/Phone #)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDI

T. CLINE

JUN 2 5 2010

EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations	
Confloring at LL C	
SUBJECT: Surfburger LLC	mited Liability Company)
(Name of En	miled Elabinity Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
David W Bohannon	
(Contact Person)	
	As a
Surfburger LLC	
(Firm/Company)	2518 JUN 24 SECRETARY I
4440.14	SS +
1112 Maldonado Drive	
(Address)	
Ponsacola Pacch El 22561	OF STATE E. FLORID.
Pensacola Beach, FL 32561	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
David W Bohannon	at (850 <u>)</u> 565-4595
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	to the Floride Denortment of State for
\$25 Filing Fee	\$55 Filing Fee &
1 435 : 1111.g : 40	Certified Copy
	,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Sur	limited liability company as it ap	opears on the records	s of the Flori	da Depa	ertment 	
2. This limited liabi	lity company was organized und	ler the laws of: 		SECRI TALLA	73NJ JUN 24	*
	The Florida document/registration number of this limited liability company is: L03000039041			HASSEE, FL		***************************************
4. I, Debra Fole	ey	_, hereby resign as a	MGRM	ORIGI	M #: 00	
of this limited liab resignation in wri	ime of Person Resigning) Fility company and affirm the lin	nited liability compa	(Prin	<i>। Tiग्वेंच)</i> notified	of my	
Signature of Resi	gning Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					