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(Requestor's Name)	,
· (Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
. (Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO:		Registration Section Division of Corporations							
SUBJ	ECT: _	THE	STADIUM (Name of Lir	SPORTS	BAN 3	GRILL	110		
			(Name of Lir	nited Liability Con	npany)				
The er filing.	nclosed m	ember, m	anaging member o	r manager resig	nation and fe	e(s) are subm	nitted for		
Please	return al	l correspo	ndence concerning	g this matter to:					
		Jos	SE CUETO ntact Person))					
		(Co	ntact Person)		-				
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	MIA	∼/ (City/St	FL 33/8 ate and Zip Code)	<u>'</u> 5	-				
For fu	rther info	rmation co	oncerning this mat	ter, please call:					
	Jos (Nam	€ Contac	oero et Person)	at (<u>305</u> (Area Code) <u>323</u> & Daytime Te	- 86 63 lephone Numl	ber)		
Enclos	sed please	find a che	eck made payable ng Fee	to the Florida D	epartment of 55 Filing Fee Certified C	: &			
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	n Building		I.		P.O. Box 632		4		
		Center Ci orida 3230		,	Tallahassee,	r 10110a 3231	4		

CR2E079 (5/06)

Transfer of



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 th						
of State is:	THE	STADIUM	SPORTS	BAN 3	GKILL	LCC.
2. This limited lia	•			laws of:		
	CLORI	104	·			
3. The Florida do		egistration numbe		d liability comp	any is:	
4. I,	OSE Name of Pe	CUETO erson Resigning)	, hereb	y resign as a	MGA (Print Title	
	ability co	mpany and affirn				
	H	n veto				
Signature of Re	signing N	lember, Managin	g Member or N	1anager		
Filing Fee: Certified Copy:	\$25. \$30.	00 (Required)				07 I
connect copy.	Ψ50.	oo (Optional)				□ ≃;

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CR2E079 (5/06)