L05000006847 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 08 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISIONARY RESTAURANT CONCEPTS, LLC
(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:

DAVID SPINOGATTI
(Contact Person)

—
(Firm/Company)

13415 BONICA WAY
(Address)

WINDERMERE FL 34786
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BOBBY MOORE at ( ) I do not know his current phone # sorry
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

~~$35 Filing Fee~~

☒ $55 Filing Fee & Certified Copy

I have not worked for company for several months.

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

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 limited liability company as it appears on the records of the Florida Department of State is: VISIONARY RESTAURANT CONCEPTS, LLC.

2. This limited liability company was organized under the laws of: FLORIDA.

3. The Florida document/registration number of this limited liability company is: L05000068476.

4. I, DAVID SPINOGATTI, (*Print Name of Person Resigning*), hereby resign as a V.P. (*Print Title*) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

FILED
09 JUN -5 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

David Spinogatti
Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (5/06)