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COVER LETTER

Division of Corporations				
SUBJECT: TIW RESTAURANT HOLDING GROUP, LLC (Name of Limited Liability Company)				
(Name of Emmed	Elability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ALAN M. LOPEZ				
(Name of Person)				
TIW RESTAURANT HOLDING GROUP, LL	<u>c</u>			
(Firm/Company)				
3318 W. HAWTHORNE ROAD				
(Address)				
TAMPA, FL 33611				
(City/State and Zip Code)				
For further information concerning this matter, plea	se call:			
ALAN M. LOPEZ at (8	13 ₎ 263-6176			
(Name of Person)	(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:				
▼ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as i		
2. This limited liabi FLORIDA	lity company was organized	under the laws of:	
3. The Florida docu L05000109	ment/registration number of 377	this limited liability cor	mpany is:
of this limited liab	ume of Person Resigning) pility company and affirm the	2	(Print Title)
-	\$25.00 (Required) \$30.00 (Optional)		