

LO5000120145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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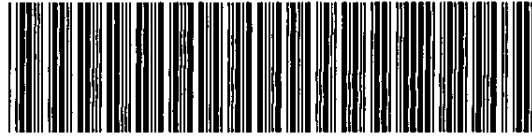
(Business Entity Name)

(Document Number)

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07 APR -9 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*R. A. Resign*

G. G. G. G.

APR 12 2007

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WIN PAR HOSPITALITY CHATTANOOGA, LLC  
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000120145

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew J. Monaghan, Esq  
(Name of Person)

Howze, Monaghan & Theriac, PLC  
(Name of Firm/Company)

96 Willard Street, Suite 302  
(Address)

Cocoa, FL 32922  
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew J. Monaghan, Esq at ( 321 ) 639-1320  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Please note that the limited liability company has incorrectly listed the address of the registered agent, resigning hereunder, as the principal and mailing address of the limited liability company.

Please change the mailing and principal address of the limited liability company to the address of the company's current manager at:

111 N. Orange Avenue, Suite 200  
Orlando, Florida 32801

or otherwise directed by the company's manager.

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

William R. Parsons

(Name of Registered Agent)

, hereby resigns as

Registered Agent for WIN PAR HOSPITALITY CHATTANOOGA, LLC

(Name of Limited Liability Company)

L05000120145

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

07 APR - 9 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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