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(Re	equestor's Name)	
(Ac	ldr e ss)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		9101
	Office Use Only	KIII



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SELVINOS DE STATE

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Whistlestop BBQ i Cot	led Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing I	Member or Manager and fee(s) are submitted for filing	<u>.</u>
Please return all correspondence concerning this n	natter to the following:	
Stuart Kaye (Name of Person)	—————————————————————————————————————	06 HAY -2 PH 2: 41
Unistleston BBoi Coterny LLC (Firm/Company)		2 PH 2:
6 202 SW 91 st Street (Address)		湯ニ
Geinesulle PL 32605 (City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Stuert 16 ye (Name of Person)	at (352) 372 - 1036 (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	

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

nereby resign as Managens member
(Tifle)
ompany)
f the State of Florida 3
notified in writing of the resignation.
aging member or member)

FILING FEE IS \$25.00

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