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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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M. THOMAS

APR 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: DICKS PHILLY STEAKS, L.L.C (Name of Limited Liability Company)
(Maine of Elimited Blabins) Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Mary Beth Bower (Contact Person)
(Contact Person)
Please return all correspondence concerning this matter to: MAryBeth Bowca (Contact Person) DICK'S PHILLO STPAKS, LLC (Firm/Company)
229 Del Prado BIVO NORTH, SUITE 15
Cape Coral FL 33969 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary Beth Bower at (239) 233-1489 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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	77
1. The name of the	milled hability company as it appears on the records of the Florida peparaticing	7742
of State is:	DICK'S PHILLY STEAKS, LLC 聖	1
	ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν	A.
	Eg #	F
	ility company was organized under the laws of:	
Flor	ida SE 元	
a mi ni 11 1		
	ument/registration number of this limited liability company is:	
	600050817	
_		
4. I, Rober	+ F. Bover, (hereby resign as ance member	
(Print N	TF. Bover, Jr, hereby resign as and member Vame of Person Resigning) (Print Title)	
	bility company and affirm the limited liability company has been notified of my	
resignation in wr		
•		
\circ	let F. Bava S.	
Signature of Res	igning Member, Managing Member or Manager	
F!!! F	\$25.00 (Dequired)	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	