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09 0EC 30 PH 1: 20

J. BRYAN

DEC 3 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUB	DECT: Backwoods Pizza and					
	(Name of Lin	nited Liability Company)				
The e		r manager resignation and fee(s) are submitted for				
Please	e return all correspondence concerning	this matter to:				
Win	ifred Jenkins-Rice					
	(Contact Person)	1				
Baci	kwoods Pizza and Bistro LLC		i.an			
	(Firm/Company)	<u> </u>	icia T			
P. C). Box 217					
	(Address)	20				
Sop	choppy, FL 32358					
	(City/State and Zip Code)					
For fu	nther information concerning this matt	er, please call:				
Wini	ifred Jenkins-Rice	at (850) 962-3394				
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclo:	sed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy				
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:				
Regist	tration Section	Registration Section				
	on of Corporations	Division of Corporations				
	n Building	P.O. Box 6327				
	Executive Center Circle assee, Florida 32301	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

	limited liability company as kwoods Pizza and B		s of the Florida Dep	artment	
2. This limited liab Florida	ility company was organized	under the laws of:			
	ment/registration number of	·	- •		
4. I, Tyler R. Ri	CE ame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)		
·	pility company and affirm the		,	dofmy	
Signature of Resi	gning Member, Managing M	1ember or Manager	ALEAHA	00 DEC 30	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SSEE FLORE	30 PM 1: 20	