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D. BRUCE FEB 6 2009 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Phi/s Shoes (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	
Please return all correspondence concerning this matter to	
MARK Lews 5 (Contact Person)	-
Phil's Shoes (LC	SECRE
Phil's Shoes (Le (Firm/Company) 5316-18 N. Pearl St. (Address)	TARY OF ASSEE. F
Jacksonville, FL 32208 (City/State and Zip Code)	STATE
For further information concerning this matter, please call	: .
MARK Lew T3 at (904) (Name of Contact Person) (Area Code	256-1077 c & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	· aa.a.oooo, · ioiida Jajir

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 of State is:	limited liability company as	it appears on the records of Shoe's CLC		artment
	lity company was organized	l under the laws of:		
	ment/registration number of	f this limited liability comp	pany is:	
,	Lewis ame of Person Resigning)	, hereby resign as a _	Member (Print Title)	
resignation in wri	ility company and affirm th ting. gning Member, Managing N	Jus	y has been notified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF STA FALLAHASSEE, FLOR	FILED 09FEB-5 AHII: