## L07000025864

(Re	equestor's Name)	<del>,</del>			
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(Cit	ry/State/Zip/Phone	<del>)</del> #)			
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G. MCLEOD

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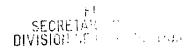
EXAMINER

## **COVER LETTER**

TO:	_	stration Section ion of Corporations		
SUBJ	ECT:	OLD CITY WINGS II		
		(Name of Limited	l Liability Co	npany)
The er filing.		I member, managing member or ma	anager resig	gnation and fee(s) are submitted for
Please	return	all correspondence concerning thi	s matter to:	
DAN	I DO	UGHERTY		
		(Contact Person)		_
OLD	CIT	Y WINGS II		_
		(Firm/Company)		
525	STA	TE ROAD 16 SUITE 101		
		(Address)		
STA	AUGS	SUTINE, FL 32084		_
		(City/State and Zip Code)		
For fu	rther in	nformation concerning this matter,	please call:	
DAN	I DOI	JGHERTY a	904	825-4540
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to the	he Florida I	Department of State for:
	•	\$25 Filing Fee		\$55 Filing Fee &
				Certified Copy
STRE	ET/C	OURIER ADDRESS:		MAILING ADDRESS:
		Section		Registration Section
_		Corporations		Division of Corporations
	n Build	•		P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314
Tallah	assee,	Florida 32301		

CR2E079 (5/06)





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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ne limited liability company as LD CITY WINGS II	it appears on the records of the Florida Department
2. This limited line FLORIDA	ability company was organized	under the laws of:
3. The Florida do L0700002	•	this limited liability company is:
4. I, KETSY L	CRONE  t Name of Person Resigning)	, hereby resign as a MGR (Print Title)
•	iability company and affirm the	limited liability company has been notified of my
Signature of Re	signing Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)