## 101000052953

(Requestor's Name)			
(Address)			
(* tau1055)			
(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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HILED AN ED: 55
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

JUL 3 0 2008

**EXAMINER** 

## **COVER LETTER**

TO:

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: Wnq City Skule (Name of Limited)	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Sharron CARISON (Contact Person)	
(Contact Person)	
	₹42
(Firm/Company)	
3881 DUTCH HOWAW RG	ESSE OF THE PROPERTY OF THE PR
(Address)	
James fown N. 4. 1470 (City/State and Exp Code)	
For further information concerning this matter, p	please call:
Shannon CARLSon at (Name of Contact Person)	(1/4) 386-2729 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STRÉET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		appears on the records of the Floric	da Department
of State is: Z	Ving City Srie	lle LLC	•
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		•
			± 500 €
2. This limited liab	lity company was organized ur	nder the laws of:	JUL 29
Flori	da		超%
<u>v cv cc</u>		<b></b> ·	200 m
			mon 3
3. The Florida docu	ment/registration number of th	is limited liability company is:	D'SI OF
	2	• • •	記点部
		<del>_</del> ·	❤
l	D (Y	01000	Maria
4. I, Shanno	x Z (AKLOOM	_, hereby resign as a Manage	nathenber
(1 ) **** **	and of I craon Reorgining	1	
		imited liability company has been	notified of my
resignation in wr	ting.		
Sharry	2 1 Oarlson		
	gning Member, Managing Mer	mber or Manager	
Signature or Resi	giinig ivicinoci, ivianaging ivici	noor or manager	
	•		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

August 30, 2007

To: Officers and Directors of Wing City Grille, LLC.

I hereby resign and relinquish my position as managing member and stockholder effective immediately. I also relinguish by shares of stock and turn them over to William Kenny

Sincerely,

Shannon Carlson

Date Shansen bulan

Witness:

Name STEUE CAMUY

Date A-631, 2007