## L07000105489

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:



500111325655

11/19/07--01034--025 \*\*50.00





## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Downtown Nights Lic	TALLAHASSEE, FLORIE
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File Amend  Fictitious Name File  Trade/Service Mark
	Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy
	Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search
Signature	Fictitious Owner Search  Vehicle Search  Driving Record
Requested by:         11/19         D:30           Name         Date         Time   Walk-In Will Pick Up	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval  Courier



## 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: DC	limited liability company as it WNTOWN NIGHTS	appears on the records of the Florida Department  S LLC
:	;	
2. This limited hab FLORIDA	ility company was organized u	ander the laws of;
3. The Florida docu L070001		his limited liability company is:
4. I. THERES	A F. KROUPER	, hereby reaign as a MANAGING MEMBER
(Print Name of Person Resigning)		(Print Tilly)
of this limited lial resignation in wr		limited liability company has been notified of my
Alerea	I Kloup	$\omega$ .
Signature of Res	gning Member, Managing Me	mber or Manager
	i	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30,00 (Optional)	