(D7 000 120132

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Okyotate/Zipi Nolle #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
SALLAHASSEF, FLORIDA

T. CLINE

JUL 2 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ft. Myers Roadhouse LLC	
(Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Jan Ickovic	
(Contact Person)	
	TALL
(Firm/Company)	SECRETARY FALLAHASS
10011 NW 60th Court	L1 <
(Address)	OF STATE
Parkland, FL 33076	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
Jan Ickovic at (
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sqrt{25}\$ Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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 it a Myers Roadhouse LLC		s of the Flor	ida Dep	artment	i
2. This limited liab	ility company was organized un	der the laws of:				
3. The Florida docu	ument/registration number of th	 is limited liability con	npany is:	SECRETARY ALLAHASS	61 7NF 9432	TE T
L07000120			Monogra	Y OF S		3
4. I, Jan Ickovid		_, hereby resign as a	ivianage	حرد: ۱۲		
(Print N	ame of Person Resigning)		(Prir	u Hile)	#	
of this limited liab	oility company and affirm the li	mited liability compa	ny has been	notified	d of my	
Signature of Resi	gning Member, Managing Men	ber or Manager				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)		•			