	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-I	UP ` WAIT ` MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUN 24 2009

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AT THE RIVER PESTAULANT (Name of Limited Liability Co	impany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
CHIRAGI PATEL (Contact Person)	_
AT THE RIVER RESTAURANTE LIC	
19773 E PENNSYLVANIA AV.	
DUNNELLON FL 34432 (City/State and Zip Code)	_
For further information concerning this matter, please call	
CHIRAGI PATEL at (352 (Name of Contact Person) (Area Cod	e & 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 Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the l	limited liability company as it	appears on the records of	of the Florida Departmen	t
of State is: $A_{\tau}$	THE RIVER RESTAUDAN	TS, UC.		
		,	VLL SEC	
2. This limited liabi	lity company was organized t	inder the laws of:	2009 JUN 23 SECRETAR) ALLAHASSI	_
THE STATE	of Florica	·	SSE SSE	
			E O P	
3. The Florida docu	ment/registration number of t	his limited liability comp	pany is: PH 1: 01	C
_	0020513			
Λ →			MGRM	
4. 1 + Lad 1	NERAM	, hereby resign as a	MENBER	
	une of Person Resigning)	e s. 115 (20.	(Print Title)	
of this limited hab resignation in writ	oility company and affirm the ting.	limited hability company	nas been notified of my	,
00				
( bX	A. Tucosus			
Signature of Resig	gning Member, Managing Me	mber or Manager		
Cilina Eggs	\$25.00 (D. aguired)			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			