L0800000133

(Requestor's Name)			
(Address)			
<u> </u>			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Eddiness Entry Warne)			
(Document Number)			
(Cooking to Marine 1)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
AUG - 5 2008			
EXAMINER			
entines on as a single fill			

Office Use Only



600133852366

08/04/08--01009--004 **25.00

SECKLIANY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Capt. Mike's Ch (Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Sally Greia (Contact Person)	
Capt. Mike's Chasters, &	LC
503 58 th St. (Address)	·
Holmes Beach FL 34 (City/State and Zip Code)	1217_
For further information concerning this matter, j	please call:
Sally Greig at (Name of Contact Person)	(941) 778 6696 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314
2661 Executive Center Circle	rananassee, monua 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the record	s of the Florida Department
2. This limited liabili	ty company was organi		
	nent/registration numbe	er of this limited liability con	mpany is:
,	ity company and affirm	, hereby resign as a	(Print Title) any has been notified of my
Signature of Resign	ning Member, Managin	7/85/08 g Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FIL A SECRETARY L TALLAHASSEE