LD8000100416

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
L. SELLERS
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EXAMINER



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SECRETARY OF STATE

ANASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RNC Name of Limited L	towt UC ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Marissa Impoco	 -
(Firm/Company)	
420 SE Uth St. (Address)	
Door Leld Baach Fl (City/State and Zip Code)	_33441
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (Sol Sol 3919 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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)



July 9, 2009

MARISSA A. IMPOCO 420 SE 4TH STREET DEERFIELD BEACH, FL 33441

SUBJECT: RNC RESTAURANT, LLC

Ref. Number: L08000102416

We have received your document for RNC RESTAURANT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 109A00023555

Leslie Sellers Regulatory Specialist II



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 li	imited liability company as it ap	opears on the records of the Flo	orida Department
2. This limited liability	ity company was organized und	er the laws of:	
3. The Florida docum	nent/registration number of this	limited liability company is:	
•	ne of Person Resigning) lity company and affirm the lin	(thi Title)
Signature of Resign	ning Member, Managing Memb	er or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	;	SECRE SECRE

CR2E079 (5/06)