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| · (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Charles In advantage As Filling Office | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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DIVERSE OF COMPONITION OF STATION OF STATION



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MTs Chophouse of Nevo Beach LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

| Tock | Ross | Esq. |
| Siegel | Hughes Pross |
| (Firm/Company) | Hoghes Pross |
| (Firm/Company) | Hoghes Pross |
| (Address) | (Address) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call:
| Tennifer | Hunt | at (352) 375-770 (Area Code & Daytime Telephone Number |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number |
| Stop Filing Fee | \$55 Filing Fee &

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

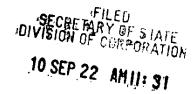
MAILING ADDRESS:

Certified Copy

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

| | | appears on the records of the Florida Department Vero Beach, LLC. |
|-----------------------------------|---|---|
| 2. This limited liabil Florida | ity company was organized u | nder the laws of: |
| | ment/registration number of the 100111946 | nis limited liability company is: |
| | | , hereby resign as a Managing Member (Print Title) |
| resignation in writ | · · | imited liability company has been notified of my |
| Signature of Resig | ning Member, Managing Me | mber or Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |