

(Re	equestor's Name)			
- (Ac	Idress)			
- (Ac	ldress)			
V.				
. (Ci	ty/State/Zip/Phone	> #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
		,		
(Document Number)				
Certified Copies	Certificates of Status			
Consist landoustions to	Filing Officers			
Special Instructions to	Filing Officer:			

Office Use Only



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04/01/10--01009--009 **25.00



D. BRUCE

APR 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: County Catering LL C (Name of Limited Liablity Company)				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Gary S. Betensky				
Richman Green, A. (Firm/Company)				
20 Australian Are. South, #1504				
West Palm Beach, Pl 33401 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (56) 803-3500 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 of State is:	limited fiability company as mapp	pears on the records of the	e Florida Department
	ility company was organized unde	r the laws of:	
3. The Florida doc	nment/registration number of this l	imited liability company	is:
4. I, <i>Mich</i>	ame of Person Resigning)	hereby resign as a	Conleges + Member (Print Title)
of this limited lia resignation in wr	pility company and affirm the limi	ted liability company ha	s been notified of my
	gning Member, Managing Membe		
Signature of Res	gning Member, Managing Membe	er or Manager	APR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Common Copy,	Na nai (100	Λ0 1	D 12: 07 STATE CORIDA
	DANA RACHE	1 B	
CD2E070 (5(04)	MY COMMISSION EXPIRES: Mai Bonded Thru Notary P	ch 9, 2014	

CR2E079 (5/06)