L0900007599

| (Re | equestor's Name) | |
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| <i>(</i> | | |
| (Ad | ldress) | |
| | | // |
| (Cit | ty/State/Zip/Phone | 9 #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | <u>-</u> , , , , , , , , , , , , , , , , , , , |
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| Certified Copies | _ Certificates | s of Status |
| | <u> </u> | |
| Special Instructions to Filing Officer: | | |
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Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

JUL 2 1 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|---|
| • | | |
| SUBJECT: Screwy Louie's Holdings | Management LLC | |
| (Name of Limited | Liability Company) | . |
| The enclosed member, managing member or ma filing. | nager resignation and fee(s) a | are submitted for |
| Please return all correspondence concerning this | matter to: | |
| Jan Ickovic | | |
| (Contact Person) | | |
| | | |
| (Firm/Company) | | TAIL TAIL |
| 10011 NW 60th Court | • | AR E |
| (Address) | | ASS ASS |
| Parkland, FL 33076 | | ZHU JUL 19 AN D 28 SECRETARY OF STATE TALLAHASSEE, FLORID |
| (City/State and Zip Code) | | 022 027 027 027 027 027 |
| For further information concerning this matter, p | olease call: | |
| Jan Ickovic at | 954 520-0192 | |
| (Name of Contact Person) | (Area Code & Daytime Teleph | one Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of Stat \$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADI | DRESS: |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 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

| 1. The name of the limited liability company as it of State is: Screwy Louie's Holdings | t appears on the records of the Florida Department Management LLC . |
|---|---|
| 2. This limited liability company was organized u Florida | this limited liability company is: |
| 3. The Florida document/registration number of the L09000029599 | |
| 4. I, Jan Ickovic (Print Name of Person Resigning) | , hereby resign as a Manager \(\begin{array}{c} \begi |
| of this limited liability company and affirm the l resignation in writing. | limited liability company has been notified of my |
| me | 1/4/10 |
| Signature of Resigning Member, Managing Me | ember or Mánager |

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)