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T. HAMPTON JAN 1 9 2010

EXAMINER

COVER LETTER

District of Comments on	
Division of Corporations	
SUBJECT: Legends Tavern	
	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Haywood Pittman	
(Contact Person)	
Legends Tavern	
(Firm/Company)	
18106 Emerald Bay St	
(Address)	Advantage of the Advance of the Adva
Tampa FL 33647	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Haywood Pittman	_{t(} 813 ₎ 7271829
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
✓ \$25 Filing Fee	\$55 Filing Fee &
-	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as EGENDS TAVERN,LLO		s of the Florida Department
2. This limited I	iability company was organized	under the laws of:	
3. The Florida d	ocument/registration number of 137080	this limited liability con	npany is:
4. I, Haywoo	d Pittman	, hereby resign as a	Manager/Partner (Print Title)
(Pris	nt Name of Person Resigning)		(Print Title)
of this limited resignation in	liability company and affirm the writing.	e limited liability compa	ny has been notified of my
Signature of R	2 fillar Lesigning Member, Managing M	lember or Manager	
		······	٤
			10 VIS
Filing Fee:	\$25.00 (Required)		,

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)