

L09000037080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
JAN 26 2010  
**EXAMINER**

Office Use Only



700163637267

01/15/10--01029--009 \*\*25.00

**FILED**  
2010 JAN 22 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legends Tavern

(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:

Carol Pittman

(Contact Person)

Legends Tavern

(Firm/Company)

18106 Emerald Bay St

(Address)

Tampa FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Pittman

(Name of Contact Person)

at ( 813 ) 8418404

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



\$25 Filing Fee



\$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

2010 JAN 22 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



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 appears on the records of the Florida Department of State is: LEGENDS TAVERN, LLC

2. This limited liability company was organized under the laws of:  
FL

3. The Florida document/registration number of this limited liability company is:  
L09000037080

4. I, Carol Pittman, hereby resign as a Manager/Partner  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2010 JAN 22 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA