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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
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Gertified Copies	Cortificato	e of Status
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Special Instructions to	Filing Officer:	
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T. CLINE
JUL 2 1 2010
EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lake Worth Roadhouse LLC (Name of Limited Liability of Control of Limited Liability of Control of Limited Liability of Liab	Company)		
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for		
Please return all correspondence concerning this matter	to:		
Jan Ickovic			
(Contact Person)			
(Firm/Company)	TALL TALL		
10011 NW 60th Court	SECRETARY OF STATE TALLAHASSEE, FLORID		
(Address)	338.6		
Parkland, FL 33076	F1.05		
(City/State and Zip Code) For further information concerning this matter, please ca			
	₎		
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: \$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

1. The name of the limited liability company as it ap of State is: Lake Worth Roadhouse LLC		of the Flori	ida Departr	nent
2. This limited liability company was organized und Florida	ler the laws of:		SECRETAR TALLAHASS	
3. The Florida document/registration number of this L09000040892	limited liability com	pany is:	Y OF SI	10 MD 29
4. I, Jan Ickovic (Print Name of Person Resigning)	_, hereby resign as a _	Manage		<u> </u>
of this limited liability company and affirm the lin resignation in writing.	nited liability compar			îmy
Signature of Resigning Member, Managing Memb	oer or Manager			
Significant of the state of the	or or manage.			

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)