## L10000040272

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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D. BRUCE

JAN .1 3 2011

**EXAMINER** 

## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: JOLLY ROGER LOUNG (Name of Limited L	E, BAR & RESTAURANT, LLC (ability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
STEPHEN M. STONE ESQUIRE	
(Contact Person).	
LAW OFFICES OF STEPHEN M. ST	ONE Z
(Firm/Company)	
725 N. MAGNOLIA AVENUE	ASS
(Address)	
ORLANDO, FL 32803	E STATE OF THE STA
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Stephen M. Stone, Esquire at (	407 ) 423-7910
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		•
William Co.			**************************************
2. This limited liab FLORIDA	ility company was organized	l under the laws of: 	<b>:</b>
3. The Florida docu	ument/registration number of	this limited liability comp	pany is:
L10000040	)272	·	
4. I. MARLENE	A. CHURCHWARD	, hereby resign as a _	MGRM
-	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wr	bility company and affirm the	e limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager	
			TALL SE
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		<b>Say 2 7</b>

CR2E079 (5/06)