04/23/2010 11:4 Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CHRISTINA M. KITTERMAN, P.A. Account Name

Account Number : I20100000015

: (954)533-4431

Fax Number

: (954)320-6932

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEDERAL RESTAURANT 1450, LLC

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S. HAWKES

APR 2 6 2010

EXAMINER

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Corporate Filing Menu

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CR2E079 (5/06)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Federal Restaurant 1450), LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Christina M. Kitterman, Esq.	
(Contact Person)	
Christina M. Kitterman, P.A.	
(Firm/Company)	
100 SE 3rd Avenue, Suite 1300	
(Address)	
Fort Lauderdale, FL 33394	
(City/State and 7.ip Code)	
For further information concerning this matter,	please call:
Christina M. Kitterman	, 954 <u>533-4431</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for:
\$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	

9543206932



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	e limited liability company as it appears on the records of the Florida Department Florid
2. This limited lial	bility company was organized under the laws of:
	cument/registration number of this limited liability company is:
	Vame of Person Resigning), hereby resign as a COO (Print Title)
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my riting.
Signature of Res	ngning Member, Mahaging Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (5/06)