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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bon Chic I	etSitingences, LC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
EVIN FORChic (Contact Person)	
By Chic (Firm/Company)	
(Address) (Address)	
Palca Ration Fl (City/State and Zip Code)	33476
For further information concerning this matter,	please call:
(Name of Contact Person) at	(SUL) 245-7542 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is:	limited liability company as it	appears on the records	of the Florida Department
2. This limited liab	olity company was organized u	nder the laws of:	
3 The Florida door	ment/registration number of th	sia limitad liahility aam	nonzia:
L 10	0000 79935		pany is.
4. I,	My BMay ame of Person Resigning)	, hereby resign as a _	Partner/manager
of this limited liab resignation in wri	oility company and affirm the l	imited liability company	y has been notified of my
() \ †	Brugard		
Signature of Resi	gning Member, Mahaging Mer	nber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)	·	

CR2E079 (5/06)