

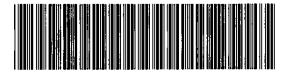
(Requestor's Name)	
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G. MCLEOD

MAY 27 2011

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ADRIANI RESTAURANT COULPITET & SUP (Name of Limited Liability Company)	Pues
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	r
Please return all correspondence concerning this matter to:	
(Contact Person)	
GRAPH INGRATION MAGGREST, LL C	· -
11471 NW 345T (Address)	
City/State and Zip Code)	
For further information concerning this matter, please call:	
MXRIO CONTRCRIS at (305) 798-97-37  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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 of State is:	limited liability company	as it appears	on the records of th	e Florida Depar	tment PUE
2. This limited liabi	lity company was organi FOZID/+	zed under the	laws of:		
3. The Florida docu	ment/registration number	r of this limite	d liability company	'is:	
4. I, PATOL (Print No.	me of Person Resigning)	, herel	by resign as a MM	NGING M (Print Title)	<u>M</u> BG?
resignation in wri	On Sty			s been notified o	of my
Filing Fee: Certified Copy:	gning Member, Managing \$25.00 (Required) \$30.00 (Optional)	g Member or N	Aanager	SECRETAL TALLIAHAS	C formation
сстиней сору.	\$30.00 (Optional)			SEE, FLO	