## 10000127823

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	
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T. CLINE

SEP 24 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KELLY'S Z	Iarsh Pub Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to:
ED PULICHENE (Contact Person)	
(Firm/Company)	······································
(Address)	
(City/State and Zip Code)	<del></del>
For further information concerning this m	natter, please call:
ED PULTCH	at ()(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	(Area Code & Daytime Telephone Number)  le to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassaa, 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

	mited liability company as in		•	
	ty company was organized い			
7	nent/registration number of t	_	company is:	
4. 1, <u>EDWARE</u> (Print Nat	PULICHENE.  ne of Person Resigning)	, hereby resign	as a <u>MANAGING</u> (Print Title)	<u>ME</u> MBER
of this limited liabi resignation in writi	lity company and affirm the ng.	limited liability con	mpany has been notifie	d of my
Signature of Resignature	ning Member, Managing Me	ember or Manager		
Filing Fee: Certified Copy:	• •			AND THE PROPERTY OF THE PROPER

CR2E079 (5/06)

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