L1100005260U

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SECRETARY OF STATE

COVER LETTER

Division of Corporations PRANOM & WALAIRAK, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: WALAIRAK PERRY (Contact Person) PRANOM & WALAIRAK, LLC (Firm/Company) 205 MOUNTAIN DRIVE (Address) DESTIN, FL 32541 (City/State and Zip Code) For further information concerning this matter, please call: MIKE PERRY (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the LLC DBA THAI DELIGH		tment
2. This limited liab	ility company was organized	under the laws of:	SECRET TALLAH	2919 AUG 12
3. The Florida doct L11000052	•	this limited liability company is	ARY OF STA NSSEE, FLOO	12 程 2
4. I, PRANOM	JANNARONE Vame of Person Resigning)	, hereby resign as a MGR	M RATE (Print Title)	<u> </u>
of this limited lia resignation in wr		e limited liability company has f	been notified o	of my
Praco de Signature of Res	igning Member, Managing M	108, 2013 Lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			