

L12000004929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

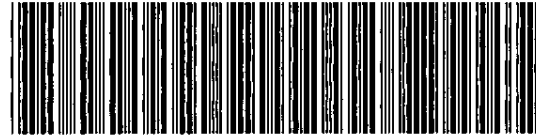
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW
427 MCKENZIE AVENUE
POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN*
CHARLES J. STAFFORD
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

March 23, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Pad Thai Restaurant LLC

Gentlemen:

Enclosed please find the original Resignation of Manager ("Resignation") of the above referenced limited liability company, together with a check in the amount of \$55.00 to cover the cost of filing. Please file the Resignation at your earliest convenience, and return a certified copy to us.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Very truly yours,

TIMOTHY J. SLOAN, P. A.


Timothy J. Sloan

TJS/mf
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAD THAI RESTAURANT 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:

TIMOTHY J. SLOAN
(Contact Person)

TIMOTHY J. SLOAN, P.A.
(Firm/Company)

427 MCKENZIE AVENUE
(Address)

PANAMA CITY, FL 32401
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY J. SLOAN at (850) 769-2501
(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

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 limited liability company as it appears on the records of the Florida Department of State is: PAD THAI RESTAURANT

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L12000014929

4. I, LINDSEY M. COOPER, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

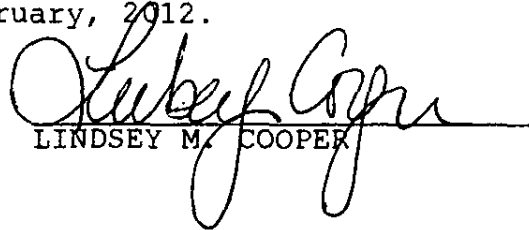
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF MANAGING MEMBER

I hereby resign as a Manager of Pad Thai Restaurant, a Florida limited liability company, effective immediately.

Dated as of this 1st day of February, 2012.


LINDSEY M. COOPER