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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY SERIORIDA
TALL SHARSSEE, 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.

TJS/mf Encl.

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	DECT: PAD THAI RESTAURA	ANT LLC
	(Name of Lim	ited Liability Company)
The enfilling.		manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning	this matter to:
TIM	OTHY J. SLOAN	
	(Contact Person)	
TIM	OTHY J. SLOAN, P.A.	
	(Firm/Company)	
427	McKENZIE AVENUE	
	(Address)	
PAN	IAMA CITY, FL 32401	
	(City/State and Zip Code)	
For fu	urther information concerning this matte	er, please call:
TIM	OTHY J. SLOAN	at (850) 769-2501
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to	o the Florida Department of State for:
Litero	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
_	ion of Corporations	Division of Corporations
	n Building	P.O. Box 6327
2661	Executive Center Circle nassee, Florida 32301	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

	e limited liability company as AD THAI RESTAURA		of the Florida Department
2. This limited lial FLORIDA	oility company was organized	d under the laws of:	
3. The Florida doc L1200001	ument/registration number o	f this limited liability compa	any is:
4. I, LINDSEY	M. COOPER	, hereby resign as a N	MANAGER
(Print)	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the	e limited liability company	has been notified of my
Signature of Res	gning Member, Managing M	1ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		12 MAR 2 SEGRETAR

CR2E079 (5/06)

RESIGNATION OF MANAGING MEMBER

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

Dated as of this 1st day of February, 2/912.

LINDSEY M/ COOPE